UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
901 NORTH 5TH STREET
KANSAS CITY, KANSAS 66101

AUG 26 2002

MEMORANDUM

SUBJECT: Transmittal of Inspection Report - RCRA

FROM: Betty Berry, Chief
ENSV/ARCM

TO: Diane Huffman, Chief
ARTD/RESP

This memorandum transmits the following inspection report conducted by the Environmental Services Division:

FACILITY: **Guardian Industries**
ADDRESS: **300 S 5th Avenue East**
De Witt
IA **52742**

INSPECTION DATE: **07/10/2002**
INSPECTOR: **TTE**
SIC CODE: **3211**
FACILITY ACTIVITY: **IA LQG**

INSPECTION TYPE: **CEI**
ID NUMBER: **IAR000006668**
ACTIVITY NUMBER:

PRELIMINARY INSPECTION FINDINGS: NOV/NOPF ISSUED - **Yes** SNC - **No**

COMMENTS:

MULTIMEDIA: 1) Screening done - **Yes** Screening forwarded - **No** Forwarded to: ☐CAA
☐CWA ☐RCRA ☐E/T ☐UST ☐CFC ☐Wetlands ☐SPCC ☐UIC ☐EJ ☐PWS ☐All

2) Inspection was part of a multimedia inspection with the following participating programs* -

* A=CAA, W=CWA, R=RCRA, T/E=TSCA/EPCRA, U=UST, C=CFC,U-I=UIC, S=SPCC, Wet.=Wetland, All

ENVIRONMENTAL JUSTICE: Inspection was conducted in EJ (per MM Screening Checklist) - **No**

SMALL BUSINESS REGULATORY ENFORCEMENT ACT (SBREFA): Information provided - **Yes**

Attachments

REPORT OF RCRA COMPLIANCE INSPECTION

At

GUARDIAN INDUSTRIES CORPORATION
300 South 5th Avenue East
De Witt, Iowa 52742

EPA ID Number: IAR000006668

On

July 10, 2002

By

TETRA TECH EM INC.

For

U.S. ENVIRONMENTAL PROTECTION AGENCY
Region 7
Environmental Services Division

INTRODUCTION

At the request of the Environmental Services Division and the Air, Resource Conservation and Recovery Act (RCRA) and Toxics Division of the U.S. Environmental Protection Agency (EPA) Region 7, Tetra Tech EM Inc. (Tetra Tech) conducted a hazardous waste compliance evaluation inspection (CEI) at the Guardian Industries Corporation facility, located at 300 South 5th Avenue East, De Witt, Iowa. The inspection was conducted under RCRA, as amended. As requested by the EPA compliance officer for the facility, the inspection covered hazardous waste generator requirements. This report and attachments present the results of the RCRA CEI. Tetra Tech also conducted a Level B multimedia screening inspection at this facility. The multimedia checklist is included as Attachment 1. A RCRA Info Data Verification Handler Information Report also was updated during the inspection and is included as Attachment 2.

PARTICIPANTS

Guardian Industries Corporation:

Mark Peterson, Plant Engineer
Scott Sellars, Engineer

Tetra Tech:

Dean Williams, Environmental Engineer

INSPECTION PROCEDURES

Prior to arrival at the Guardian Industries Corporation, I conducted a drive-by inspection. I then went to the office building located next to the plant. After arriving at the facility's office, I informed a receptionist at the front desk of the reason for my visit and presented my EPA credentials letter. I was informed that the point of contact, Mr. Mark Zinger, was not at the facility and that Mr. Mark Peterson, Plant Engineer, would assist me. Mr. Peterson met me in the reception area and we walked back to his office, where I explained the procedures for the inspection and the facility's right to make confidentiality claims. I informed him that a Confidentiality Notice would be available at the end of the inspection. I also provided Mr. Peterson with a copy of U.S. Federal Code 1001 concerning false statements. During the inspection, our discussions focused on facility operations, wastes generated, and waste management practices. Mr. Scott Sellars, Engineer, also was present during the inspection. I conducted a visual inspection of the facility, accompanied by Messrs. Peterson and Sellars. Following the initial visual inspection, I conducted a review of the facility's records, including manifests with land disposal restriction (LDR) certification and notice forms, material safety data sheets (MSDS), and analytical testing reports. Facility information gathered before and during the inspection is documented in the Data Gathering Worksheet and Checklist (see Attachment 3).

At the conclusion of the inspection, I summarized the findings with Messrs. Peterson and Sellars and provided them with the Notice of Preliminary Findings (NOPF) Sheet (see Attachment 4). I also provided them with a Confidentiality Notice and a Receipt for Documents and Samples (see Attachments 5 and 6). The facility could not determine if a claim of confidentiality would be made during the

inspection. After the inspection, Mr. Peterson informed me that the facility would be making a claim of confidentiality for all information obtained during the inspection.

A copy of the facility site plan was obtained during the CEI (see Attachment 7). I obtained copies of MSDSs (see Attachment 8), an analytical report (see Attachment 9), and manifests with LDR notices (see Attachment 10). A copy of an EPA memorandum regarding F006 hazardous waste sludge is attached to this report (see Attachment 11). Photographs taken during the inspection are in Attachment 12.

FINDINGS AND OBSERVATIONS

1. Facility Description and General Information

Guardian Industries Corporation began operations in 1996 and has 310 employees. Guardian Industries Corporation has three 8-hour work shifts on Monday through Sunday. The facility manufactures glass, mirrors, and tempered glass. Major raw materials used by the facility include sand, charcoal, limestone, rouge (iron oxide), soda ash, salt cakes, and glass.

Rags are used to clean lead- and cadmium-based logo paint at the tempering process line. An MSDS for the logo paint was obtained during the inspection and is attached to this report (see Attachment 8, Pages 1 to 2. The rags are disposed of as hazardous waste.

Most of the facility's hazardous waste is generated from using rags with xylene for cleaning up mirror paint at the mirror process line. An MSDS for the mirror paint was obtained during the inspection and is attached to this report (see Attachment 8, Pages 3 to 7). The rags are disposed of as hazardous waste. The rags from the mirror line are managed as a separate waste stream from the rags generated at the tempering process line.

The facility will occasionally generate two additional waste streams at the mirror line: mirror paint and spent xylene. Mirror paint that cannot be used in the mirror process line is disposed of as hazardous waste. Spent xylene that cannot be reused is also disposed of as hazardous waste.

The mirror process line includes an electroless plating process in which metal is sprayed onto glass. The electroless plating process is based on chemical reactions and does not include electroplating. The wastewater from the mirror process line is treated at the facility's wastewater treatment facility. Sludge generated at the wastewater treatment facility is disposed of as nonhazardous waste. A copy of the analytical report for the sludge was obtained during the inspection and is attached to this report (see Attachment 9, pages 1 to 16). Because the plating process used in the mirror process line does not include electroplating, the sludge generated at the wastewater treatment facility is not considered by the facility to be an F006 hazardous waste. An EPA memorandum, dated September 25, 1986, is attached to this report and indicates that a wastewater treatment sludge generated from an electroless plating operation is not considered to be a F006 hazardous waste (see Attachment 11).

The facility has a parts washer in the maintenance department. The solvent used in this parts washer is called "Safety Keen Premium Gold Solvent" and has a flashpoint of 148 degrees Fahrenheit. An MSDS for the product was obtained during the inspection and is attached to this report (see Attachment 8, Pages 8 to 18). The facility disposes of the spent solvent as hazardous waste.

Waste lamps and waste batteries are generated from throughout the facility. The waste lamps and waste batteries are managed as universal wastes.

The following nonhazardous waste streams are also generated at the facility: used oil, rags and absorbent containing used oil, used oil filters, rejected batch, fire brick, mirror cullet, mirror copper/iron residue, mirror multimedia filters, mirror carbon filter media, mirror deionization resin, tempering simco residue, clear glass, and scrap metal. The generating processes for these waste streams are described in Section 3 of this report.

2. Areas Visually Inspected

During the visual inspection, I was accompanied by Messrs. Sellars and Peterson. The visual inspection included the less-than-180-day hazardous waste storage area, the satellite accumulation areas, the used oil storage area, and the storage area for waste lamps and waste batteries. During inspection of the storage area for waste lamps and waste batteries, I observed several boxes of waste lamps that were not labeled to identify their contents (see Attachment 10, Photograph 1). Rhonda Barton, Tool Crib

Attendant, stated that the boxes are usually labeled, but that the labels would occasionally fall off the boxes when they are removed from the area. Guardian Industries Corporation failed to mark containers used for storage of waste lamps with the words: "Universal Waste-Lamps", "Waste Lamps", or "Used Lamps", as required by 40 CFR Part 273.14(e) **(NOPF No. 2)**.

During the inspection of the less-than-180-day hazardous waste storage area, I observed that two hazardous waste containers were not marked with accumulation start dates. One of these hazardous waste containers was a 55-gallon drum that contained rags that had been used to clean logo paint at the tempering process line (see Attachment 10, Photograph 2). The other hazardous waste container was a 55-gallon drum that contained waste mirror paint (see Attachment 10, Photograph 3). Guardian Industries Corporation failed to mark the accumulation start date on two hazardous waste containers at its less-than-180-day hazardous waste storage area, as required by 40 CFR Part 262.34(d)(4) **(NOPF No. 1)**.

3. Wastes Generated On Site

The following table describes significant waste streams currently generated at the facility.

#	Name	Generating Process	Hazardous Determination	Estimated Generation Rate	On-site Management	Off-site Management
1	Rags Contaminated with Lead-Based Mirror Paint and Xylene	Waste consists of rags used with xylene to clean lead-based paint at the mirror process line.	The facility uses D008 for the waste, based on product knowledge and testing. An MSDS for the paint is attached to this report (see Attachment 8, Pages 3 to 7)	55 gallons every two months	Stored in 55-gallon drums	The waste is transported by Safety Kleen to its facility in Dolton, Illinois. Xylene in the waste is fuel blended and the remaining waste is incinerated and landfilled.
2	Rags Contaminated with Lead- and Cadmium-Based Logo Paint	Waste consists of rags used to clean logo paint at the tempering process line.	The facility uses D006 and D008 for the waste, based on product knowledge and testing. An MSDS for the paint is attached to this report (see Attachment 8, Pages 1and 2)	55 gallons per year	Stored in 55-gallon drums	The waste is transported by Safety Kleen to its facility in Dolton, Illinois. The waste is incinerated and landfilled.
A 55-gallon drum of rags contaminated with lead- and cadmium-based logo paint at the less-than-180-day hazardous waste storage facility was not marked with the accumulation start date. Guardian Industries Corporation failed to mark the accumulation start date on a hazardous waste container at its less-than-180-day hazardous waste storage area, as required by 40 CFR Part 262.34(d)(4) **(NOPF No. 1)**.						
3	Mirror Paint Waste	Waste consists of mirror paint that can not be used in the process line.	The facility was uncertain which waste codes are used. Based on a manifest, the facility uses D001and D008 for the waste.	110 to 165 gallons per year	Stored in 55-gallon drums	The waste is transported by Safety Kleen to its facility in Dolton, Illinois for fuel blending.
A 55-gallon drum of mirror paint waste at the less-than-180-day hazardous waste storage facility was not marked with the accumulation start date. Guardian Industries Corporation failed to mark the accumulation start date on a hazardous waste container at its less-than-180-day hazardous waste storage area, as required by 40 CFR Part 262.34(d)(4) **(NOPF No. 1)**.						
4	Spent Xylene	Waste consists of spent xylene that cannot be reused for the facility.	The facility uses D001 and F003 for the waste, based on product knowledge. It is unknown if the waste is tested.	The facility did not know the generation rate for this waste stream.	Stored in 55-gallon drums	The waste is transported by Safety Kleen to its facility in Dolton, Illinois for fuel blending.
5	Spent Parts Washer Solvent	Generated from a parts washer in the maintenance area.	The facility uses D039 for the waste. The facility was uncertain why D039 is used as a waste code. An MSDS for the parts washer solvent is attached to this report (see Attachment 8, Pages 8 to 18).	100 gallons per month	Changed out of a parts washer and placed in a 25 gallon drum	The waste is transported by Safety Kleen to its facility in Davenport, Iowa for recycling.

#	Name	Generating Process	Hazardous Determination	Estimated Generation Rate	On-site Management	Off-site Management
6	Mercury Contactors	Generated from electrical panels at the tempering process line	The facility manages the waste as a hazardous waste. The facility has not yet assigned waste codes to the waste.	Less than 55 gallons generated since the facility began operation in 1996	Stored in a 55-gallon drum	The facility has not yet shipped this waste stream off site.
6	Waste Lamps	Generated from throughout the facility	Universal waste	Two to three spent fluorescent light bulbs per month.	Stored in cardboard boxes	The waste is transported by Safety Kleen to its facility in Davenport, Iowa, for recycling.
Several containers used for storage of waste lamps were not marked to identify their contents. Guardian Industries Corporation failed to mark a container used for storage of waste lamps with the words "Universal Waste-Lamps", "Waste Lamps", or "Used Lamps", as required by 40 CFR Part 273.14(e) **(NOPF No. 2)**.						
7	Waste Batteries	Generated from calculators, flashlights, instruments, and other equipment at the facility.	Universal waste	5 gallons per year	Stored in buckets	The waste is transported by Safety Kleen to its facility in Davenport, Iowa, for recycling.
8	Used Oil	Generated from throughout the facility	Nonhazardous, based on product knowledge	Less than 55 gallons per month	Stored in 55-gallon drums	The waste is transported by Safety Kleen Systems to its facility in Dolton, Illinois for recycling.
9	Rags and Absorbent Containing Used Oil	Generated from cleaning up used oil	Nonhazardous, based on product knowledge and testing	The facility did not know the generation rate for this waste stream.	Stored in 55-gallon drums	The waste is transported by Safety Kleen to its facility in Dolton, Illinois for incineration.
10	Used Oil Filters	Waste consists of oil filters that have been drained of used oil.	Nonhazardous, based on product knowledge and testing	The facility did not know the generation rate for this waste stream.	Oil is drained from the filters. The filters are then stored in 55-gallon drums.	The waste is transported by Safety Kleen to its facility in Davenport, Iowa. The facility did not know the ultimate disposition of this waste stream.

#	Name	Generating Process	Hazardous Determination	Estimated Generation Rate	On-site Management	Off-site Management
11	Wastewater Treatment Facility Sludge	Generated from treatment of process wastewaters from the mirror process line, the tempering process line, a blowdown water system, and the sanitary system.	Nonhazardous, based on product knowledge and testing. A copy of the testing report for this waste stream is attached to this report (see Attachment 9, Pages 1 to 16).	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box	The waste is transported by Jetter Hauling & Recycling to the Upper Rock Island County Landfill in East Moline, Illinois.
12	Rejected Batch	Waste consists of glass, limestone, and carbon material from the glass making furnace process.	Nonhazardous, based on product knowledge and testing	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box	The waste is transported by Jetter Hauling & Recycling to the Upper Rock Island County Landfill in East Moline, Illinois.
13	Fire Brick	Generated from making furnace repairs	Nonhazardous, based on product knowledge and testing	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box	The waste is transported by Jetter Hauling & Recycling to the Upper Rock Island County Landfill in East Moline, Illinois.
14	Mirror Cullet	Waste consists of broken pieces of mirror.	Nonhazardous, based on product knowledge and testing	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box	The waste is transported by Jetter Hauling & Recycling to the Upper Rock Island County Landfill in East Moline, Illinois.
15	Mirror Copper/Iron Residue	Waste consists of copper and iron residue generated at the mirror process line.	Nonhazardous, based on product knowledge	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box	The waste is transported by Jetter Hauling & Recycling to the Upper Rock Island County Landfill in East Moline, Illinois.

#	Name	Generating Process	Hazardous Determination	Estimated Generation Rate	On-site Management	Off-site Management
16	Mirror Multimedia Filters	Waste consists of filters used to filter process water at the mirror process line.	Nonhazardous, based on product knowledge and testing	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box	The waste is transported by Jetter Hauling & Recycling to the Upper Rock Island County Landfill in East Moline, Illinois.
17	Mirror Carbon Filter Media	Waste consists of carbon filters used to filter process water at the mirror process line.	Nonhazardous, based on product knowledge and testing	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box	The waste is transported by Jetter Hauling & Recycling to the Upper Rock Island County Landfill in East Moline, Illinois.
18	Mirror Deionization Resin	Generated from deionization units used to filter process water at the mirror process line.	Nonhazardous, based on product knowledge and testing	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box	The waste is transported by Jetter Hauling & Recycling to the Upper Rock Island County Landfill in East Moline, Illinois.
19	Tempering Simco Residue	Waste consists of ground glass from the tempering process line.	Nonhazardous, based on product knowledge and testing	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box. Managed with the rejected batch waste stream.	The waste is transported by Jetter Hauling & Recycling to the Upper Rock Island County Landfill in East Moline, Illinois.
20	Clear Glass	Waste consists of broken glass that can not be reused.	Nonhazardous, based on product knowledge and testing	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box.	The waste is transported offsite by Dluback Corporation for recycling.
21	Scrap Metal	Waste consists of steel strappings that must be disposed of.	Nonhazardous, based on product knowledge	The facility did not know the generation rate for this waste stream.	Stored in a storage bin or roll-off box	The waste is transported offsite by Bacon Recycling for recycling.

4. RCRA Status

Guardian Industries Corporation is identified as a large quantity generator (LQG) on the RCRA Info Data Verification handler report provided by EPA. However, after a review of hazardous waste manifests, I determined that the LQG status is inaccurate. A review of Guardian Industries Corporation's hazardous waste manifests for the last year indicated that the facility consistently operates as a small quantity generator (SQG). I inspected Guardian Industries Corporation as an SQG based on the generation rate at the time of the inspection.

5. Preparedness and Prevention Requirements

The facility has designated Mr. Patrick A. Tuttle, Mark Peterson, Mark Zinger, Bill Doughterly, Doug Peterson, and Jeff Duffy as emergency coordinators. Shift Managers that are on-site also act as emergency coordinators for the facility. The facility had emergency information posted next to a telephone that is located near the less-than-180-day hazardous waste storage area. Facility representatives who handle hazardous waste receive training to familiarize them with proper waste handling and emergency procedures.

6. Waste Determination and Manifesting

The facility uses D008 as a waste code for rags that have been used for cleaning lead-based paint at the mirror process line. The facility stated during the inspection that a paint filter test has been performed on the rags and that the rags were determined not to be ignitable. For that reason, the facility does not include D001 as a waste code for the waste stream unless a 55-gallon drum of the waste has standing liquid in it. Since xylene is used with the rags for cleaning, and spent xylene is considered to be an F003-listed hazardous waste, the facility was cited during the inspection for a failure to include F003 as a waste code for this waste stream. This was cited as **NOPF No. 4**. The facility was also cited during the inspection for a failure to include F003 as a waste code for this waste stream on land disposal restriction certification and notice forms. This was cited as **NOPF No. 5**. However, the xylene that is used with the rags for cleaning is considered to be a product. Since spent xylene is not used with the rags for cleaning, the rags would not necessarily be considered a listed hazardous waste. The facility has tested the rags, as mentioned above, and determined that D008 is the applicable waste code.

The facility is using D039 on hazardous waste manifests and land disposal restriction notification forms for disposal of spent solution from the parts washer used in the maintenance area. A copy of a hazardous waste manifest and land disposal restriction certification and notice form for the waste stream is attached to this report (see Attachment 10, Pages 8 to 9). The facility was uncertain why D039 is used as a waste code for the spent solution. Messrs. Zinger and Peterson stated (Mr. Zinger via conference call) that tetrachloroethylene is not used at the facility. Mr. Sellars stated that he did not allow the use of tetrachloroethylene at the facility when he used to be the environmental coordinator. The MSDS for the solution indicates that the only hazardous constituent in the solution is petroleum distillates. The MSDS also indicates that the flash point for the solution is 148 °F. Guardian Industries failed to perform a proper hazardous waste determination for a waste stream, as required by 40 CFR Part 262.11 **(NOPF No. 3)**.

Dean I. Williams, P.E. 8/21/02
Environmental Engineer
Tetra Tech EM Inc.

Attachments:

1. Multimedia Screening Checklist (2 pages)
2. RCRA Info Data Verification Handler Information Report (1 page)
3. Data Gathering Worksheet and Checklist (65 pages)
4. Notice of Preliminary Findings Sheet (2 pages)
5. Confidentiality Notice (1 page)
6. Document of Receipt (1 page)
7. Facility Site Plan (1 page)
8. Material Safety Data Sheet (18 pages)
9. Analytical Report (16 pages)
10. Hazardous Waste Manifests and Land Disposal Restriction Notices (10 pages)
11. EPA Memorandum (2 pages)
12. Photographs (4 pages)

ATTACHMENT 1

MULTIMEDIA SCREENING CHECKLIST

(Two Pages)

Forward To: EJ ☐ TSCA/EPCRA ☐ CWA ☐ Wetlands ☐ UIC ☐ PWS ☐ CAA ☐ CFC ☐ RCRA ☒ UST ☐ SPCC ☐

REGION VII MULTIMEDIA SCREENING CHECKLIST

Facility Name: Guardian Industries
Facility Ownership: 300 S. 5th Avenue East - Same -
Street: ←
City: De Witt State: IA Zip: 52742
Phone: 563-659-4008 Facility Contact: Mark Zinger
Number of Employees: 310 Work Hours/Shifts 3 shifts / 7 days per week
Facility activity and major process description: Manufacture of glass, mirrors, and tempered glass

Inspector: Dean I. Williams
Primary Media: RCRA
Inspector Phone Ext.: 913-495-3915
Date: July 10, 2002
SIC code 3211

(Check all that apply): Painting/Coating (Water-based ☐, Solvent-based ☒); Printing ☐; Reacting ☐; Formulating ☐; Distilling ☐; Parts Washers/Degreasing (Water-based ☐, Halogenated-based ☐, Non-halogenated-based ☒); Combustion (boiler, furnaces, oxidizers) ☐; Electroplating (Chrome ☐, Other ☐); Electro-less plating(Type silver)

ENVIRONMENTAL JUSTICE (Note: Forward to EJ if a concern is identified during your inspection or in one of the areas below)

1. Is the facility located in a low income area (e.g., with many abandoned and dilapidated properties)? No ☒ (stop) Yes ☐
   ☞ If yes, is facility less then 1000 feet from nearest routinely occupied property (house, school, etc.)? No ☐ (stop) Yes ☐ → *Forward to EJ*

TOXIC SUBSTANCES CONTROL ACT (TSCA) EMERGENCY PLANNING & COMMUNITY RIGHT TO KNOW ACT (EPCRA)

1. Does facility use more than 200 gallons or 1,500 pounds per month of the following (check all that apply): Acids ☐, Bases ☐, Anhydrous Ammonia ☐, Chlorine ☐, Chlorinated Solvents ☐, Solvent-Based Paints ☒, or Solvents ☒? No ☐ (stop) Yes ☒
   ☞ If yes, have Toxic Chemical Release Forms (Form R) been submitted to EPA or State? Yes ☒ (stop) No ☐ → *Forward to TSCA*
2. Does facility store more than 100 gallons or 1,000 pounds of the following (check all that apply): Acids ☒ maybe, Bases ☒ maybe, Bulk Chemicals ☐ maybe. Anhydrous Ammonia ☐, Chlorine ☐, Chlorinated Solvents ☐, Fuels ☒, Gases ☒, Solvent-Based Paints ☒, Solvents ☒? No ☐ (stop) Yes ☒
   ☞ If yes, have Hazardous Chemical Inventory Forms (Tier II) been submitted to local and state governments (Emergency Planning Committees or State Emergency Response Commission)? Yes ☒ No ☐ → *Forward to EPCRA*
   ☞ If yes, have Risk Management Plans been submitted to EPA under Section 112r of the CAA? Yes ☐ No ☐ → *Forward to EPCRA* not sure right now - may be included as part of another plan
3. Does the facility have any equipment that contains PCB's at concentrations >500 ppm? No ☒ (stop) Yes ☐
   ☞ If yes, is equipment leaking (including wet or weeping equipment)? No ☒ (stop) Yes ☐ → *Forward to TSCA* (*Get Photo*)

CLEAN WATER ACT (CWA) - National Pollution Discharge Elimination System (NPDES), Industrial Pretreatment, Storm Water, & Wetlands

1. Does the facility discharge any wastewater to storm sewers, surface water, or the land? No ☐ (stop) Yes ☒
   ☞ If yes, are all wastewater discharges permitted? Yes ☒ No ☐ → *Forward to CWA*
2. Does the facility have process wastewaters that are discharged to a city POTW (Publically Owned Treatment Works)? No ☐ (stop) Yes ☒
   ☞ If yes, are the discharges permitted by: State? ☐, City? ☒ – If yes, Stop here. No ☒ → *Forward to CWA*
   ☞ If yes, does the city have a state or EPA approved pretreatment program? Yes ☒ ← all that was required No or Don't Know ☐ → *Forward to CWA*
3. During rainfall events, can storm water carry pollutants from manufacturing, processing, storage, disposal, shipping and receiving areas, or from construction sites >5 acres, to storm sewers or surface water? No ☐ (stop) Yes ☒ ← collect pile outside is who they have the permit
   ☞ If yes, does the facility have an NPDES permit for these storm water discharges? Yes ☒ No ☐ → *Forward to CWA*
4. Did you see any wastewater discharges not identified by the facility? No ☒ (stop) Yes ☐ - Identify location, time, appearance of discharge: ☐ (*Get Photo*) → *Forward to CWA*
5. Does the facility have any wetland areas (e.g. streams, ponds, or temporarily wet areas)? No ☒ (stop) Yes ☐
   ☞ If yes, have any wetland areas that have been dredged or filled, channelized, dammed, or had gravel removed from within the last 5 years? No ☐ (stop) Yes ☐ - Identify location and timeframe ☐ (*Get Photo*) → *FWD to Wetlands*

SAFE DRINKING WATER ACT (SDWA) - Underground Injection Control (UIC) & Public Water System (PWS)

1. Does facility discharge any liquids to the subsurface (septic systems, disposal wells, cesspools, etc.)? No ☒ (stop) Yes ☐ → *Forward to UIC*
   ☞ If yes, do these liquid wastes consist of sanitary wastewater only? Yes ☐ No ☐
2. Does facility provide drinking water to 25 people or more from its own source (private well, pond, etc)? No ☒ (stop) Yes ☐ → *Forward to PWS*
   ☞ If yes, does the facility test or monitor its drinking water in order to comply with state regulations? Yes ☐ No ☐

CLEAN AIR ACT (CAA) and CFCs

1. Do you see any dense, non-steam, smoke or dust emissions leaving the facility property? No ☒ Yes ☐ → *Forward to CAA*
   Source_____ *(Get Photo)*
2. Does the facility have any new air pollution emitting equipment that was constructed or installed in the past 5 years? No ☐ (stop) Yes ☒
   ☞ If yes, is equipment permitted? Yes ☒ No ☐ → *Forward to CAA* *Describe:* mirror line
3. Does the facility have any cooling units that contain >50 lbs of refrigerant? No ☐ (stop) Yes ☒ → *Forward to CFC*
   ☞ If yes, are these units: Self-serviced? ☐ Contract Serviced? ☒ - Service Company: Northwest Mechanical
   They use environmental friendly refrigerant in one unit with two compressors → each compressor has 40 lbs
4. Does the facility service motor vehicle air conditioning systems? No ☐ (stop) Yes ☐ → *Forward to CFC*

RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) and UNDERGROUND STORAGE TANKS (UST)

1. Does the facility generate more than 30-gallons (220 lbs./100kg) of hazardous waste per month or at any one time? No ☐ (stop) Yes ☒
   ☞ If yes, does facility have an EPA Hazardous Waste Identification Number? Yes ☒ (stop) No ☐ → *Forward to RCRA*
2. Is hazardous waste treated ☐, burned ☐, land filled ☐, put in surface impoundments ☐ or waste piles ☐? No ☒ (stop) Yes ☐
   ☞ If yes, is the facility permitted for above described activity? Yes ☐ No ☐ → *Forward to RCRA*
3. Did you see or does the facility have any large quantities of materials **that the facility claims to be non-hazardous waste material** (>10 drums, roll-offs, waste piles, etc. – exclude clean office trash, cardboard, & packaging type wastes)? No ☒ (stop) Yes ☐

Material Claimed To Be Non-Hazardous	How does the facility know these wastes are non-hazardous?
_____	Testing, industry or manuf. info.., MSDS, etc. ☐; None available ☐ → *Forward to RCRA*
_____	Testing, industry or manuf. info.., MSDS, etc. ☐; None available ☐ → *Forward to RCRA*
_____	Testing, industry or manuf. info.., MSDS, etc. ☐; None available ☐ → *Forward to RCRA*
_____	Testing, industry or manuf. info.., MSDS, etc. ☐; None available ☐ → *Forward to RCRA*
_____	Testing, industry or manuf. info.., MSDS, etc. ☐; None available ☐ → *Forward to RCRA*

4. Did you see any leaking hazardous waste containers, drums, or tanks? No ☒ Yes ☐ → *Forward to RCRA*
   Describe:_____ *(Get Photo)*
5. Did you see any signs of spills or releases (e.g., dead or stressed vegetation, stains, discoloration)? No ☒ Yes ☐ → *Forward to RCRA*
   Describe:_____ *(Get Photo)*
6. Did you see any chemical or waste handling practices that concern you (access to children/public)? No ☒ Yes ☐ → *Forward to RCRA*
   Describe:_____ *(Get Photo)*
7. Does the facility have any past or present underground petroleum product or hazardous material tanks? No ☒ Yes ☐ → *Forward to UST*
8. Does the facility have any underground fuel tanks for emergency generators? No ☒ Yes ☐ → *Forward to UST*

SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN (SPCC)

1. Does the facility have any aboveground oil tanks (petroleum, synthetic, animal, fish, vegetable), with an aggregate volume > 1320 gallons?
   No ☐ (stop) Yes ☒ - Does the facility have a certified SPCC Plan? Yes ☒ No ☐ → *Forward to SPCC*
   5000-diesel tank
   2000K mineral spirits tank
   500-small diesel fuel tank
   ☞ If yes, are there secondary containment systems for the tanks? Yes ☐ No ☐ → *Forward to SPCC* didn't look
   ☞ If yes, are any tanks leaking where oil could reach waters of the State or U.S.? No ☐ Yes ☐ *(Get Photo)* → *Forward to SPCC*

** PLEASE TAKE PHOTOS TO DOCUMENT POTENTIAL PROBLEMS*

ATTACHMENT 2

RCRA INFO DATA VERIFICATION HANDLER INFORMATION REPORT

(One Page)

HANDLER INFORMATION REPORT September 26, 2001

PROCEDURES for Inspectors/Investigators/etc. performing Site Visits

Present the Facility representative with a copy of their:

- Handler Information Report (attached)
- Copy of the current Notification Form (attached)
- Copy of the current Notification Booklet (attached)

Our instructions to them are printed on their Handler Information Report - and should be self explanatory. If the facility wants to revise their Handler Information Report, they can do so and mail it back to EPA - or have the inspector deliver it.

If during the course of the site visit, the inspector/investigator becomes aware of any changes which should be made to the information printed on this form, please make the corrections and return the form to: Cynthia Sehnert-Jones, ARTD/RESP.

EPA RCRA ID Number:	IAR000006668
Name of Company/Installation:	GUARDIAN INDUSTRIES CORP
Location of Installation:	300 S 5TH AVE EAST
City/State/Zip:	DE WITT, IA 52742
County:	CLINTON
Mailing Address:	300 S 5TH AVE EAST
City/State/Zip:	DE WITT, IA 52742
Installation Contact:	~~JERRY P. TONNESON~~ Mark Zinger
Job Title:	~~SR AIR QUALITY~~ Environmental Coordinator
Phone Number:	~~(319)~~ 388-8288 (563) 659-4008
Contact's Address:	300 S 5TH AVE EAST
City/State/Zip:	DE WITT, IA 52742
Current Owner of Installation:	GUARDIAN INDUSTRIES CORP
Owner's Address:	2300 HARMON RD
City/State/Zip:	AUBURN HILLS, MI 48326-1714
Phone Number:	(248)340-1800
Owner Type:	Private
Land Type:	Private
TYPE(S) OF REGULATED ACTIVITY:	LARGE QUANTITY GENERATOR
Hazardous Wastes Handled:	D001 D008 D009 F003

N 03/01/00 1

Attachment 2 Page 1 of 1

Date of Site Visit: July 10, 2007

Name of Inspector (Please print): Dean F. Williams

(Check one): ☐ EPA R7 ENSV ☒ EPA R7 Contractor ☐ NOWCC/SEE Investigator

Signature of Inspector: Dean F. Williams

ATTACHMENT 3

DATA GATHERING WORKSHEET AND CHECKLIST

(65 Pages)

DATA GATHERING WORKSHEET AND CHECKLIST INSTRUCTIONS AND KEY

1. Complete all items on the applicable data gathering worksheet and checklist in a neat and legible fashion.

   a. Additional time spent legibly completing the forms in the field will reduce the need to rewrite the forms or explain the forms in the inspection report.

2. All responses will be based on the inspector's knowledge and best judgement at the time of the inspection.

3. A (✓) mark should be used to mark the all boxes (☐) and will indicate the choice made or the action completed.

4. The Records Review Worksheet and Checklists and the Visual Review Worksheet and Checklists each have a key below the tables. Use this key when filling out these forms.

   a. Items which are shaded gray on the worksheets and checklists are considered high priority items during inspections and should always be completed.

   b. On the top of the worksheets and checklists are a group of boxes which represent the generator status of the facility and whether or not the facility is subject to interim status or permit requirements. The appropriate box should be checked.

5. Several of the forms contain the following box at the bottom of the page:

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW long did it happen?* and *WHAT PROOF WAS OBTAINED?*

The inspector should pay special attention to the questions contained in this box and make sure that they are able to answer them as relates to inspection documentation.

6. Each of the forms has a form number in the bottom left corner of the form and each item on the form is numbered and/or lettered. The form and item number/letters should be used when referencing information contained on the form in the inspection report.

7. Each of the forms has a space in the upper left hand corner of the form to track the information by activity number. Place the inspection activity number in the space provided.

8. Each of the forms has a space in the upper right hand corner of the form to track the total number of pages used during the inspection. Count all forms used and complete this space.

9. The rest of the information on the forms is self-explanatory.

Activity #:_____ Page___ of___

PRE-INSPECTION WORKSHEET

GENERAL INFORMATION

1. Facility Name: Guardian Industries
2. Inspection Date: July 10, 2002
3. Facility Address: 300 South 5th Avenue East
   De Witt, Iowa 52742
4. EPA I.D. #: IAR000006668
5. State I.D. #:
6. Location Information:
7. Facility Contact: Mark Zinger Phone #: (563) 659-4008
8. Inspector Name/Title: Dean Williams Phone #: (913) 495-3915
9. Inspection Type: ☒ SQG ☐ LQG ☐ TSD ☐ Other Inspection #:

//

TRAVEL INFORMATION

Dates of Travel: ☐ GOV ☐ POV

Date	Hotel	Phone #	Rate
		( )--	
		( )--	
		( )--	

Additional inspection conducted during this trip? ☐ YES ☐ NO

Where:

Compensatory time requested? ☐ YES ☐ NO # of hours: Dates:

Overnight vehicle requested? ☐ YES ☐ NO

Car signed out? ☐ YES ☐ NO Vehicle #:

NOTE: Provide a copy of this page for the secretary and mark the copy → ☐ Secretaries Copy

//

CONTACTS

10. Compliance Officer/Phone # :
11. State Contact/Phone #/ ☐ N/A :
    Location
12. Permit Writer/Phone # ☐ N/A :
13. Attorney/Phone # ☐ N/A :
14. Other Contacts/Phone # ☐ N/A :

Activity #:_____ Page___ of___

KEY INFORMATION FROM FILE REVIEW

15. Date of last inspection: NO CEIs previously performed at site. RCRA Outreach Data Verification Site Visit - 5/24/99 ☐ Not previously inspected

16. Key information from last inspection: (operations, waste streams/codes, waste management processes,etc.)

Hazardous Waste Streams - lead paint-related material spent butyl acetate

17. Compliance/Administrative issues from last inspection:

none

18. Most recent notification copied: ☐ YES ☒ NO

19. Key Interim Status information: ☒ N/A (container/tank storage limits, etc.) Key Permit Information: ☐ N/A

20. OTHER RECORDS/COMPLIANCE INFORMATION

none

21. Copies of facility map or diagram made? ☒ YES ☐ NO ☐ N/A

22. Additional Notes:

none

Activity #:_____ Page___ of___

RESULTS OF DISCUSSIONS WITH COMPLIANCE OFFICER AND SPECIFIC INSTRUCTIONS

23. Perform a CEI

Activity #:_____ Page___ of___

24. ADDITIONAL PRE-INSPECTION ITEMS TO CHECK

General Equipment:

- hardhat
- safety glasses
- other camera
- calculator
- dictaphone
- post-its
- coveralls
- film
- pH paper
- rubber boots
- tape measure
- notebook
- compass
- tape recorder
- safety gloves
- safety boots
- ice chest
- batteries
- safety shoes
- SLR camera
- flashlight
- binoculars
- pens/markers
- winter gloves
- ear plugs
- coat
- respirator

Special Equipment?:_____

Paperwork:

- ✓ facility files
- ✓ NOV forms
- ✓ Pollution Prevention forms
- ✓ Data Collection Worksheets
- ✓ Reference Information
- ✓ CBI forms
- ✓ Notification forms
- ✓ Multi-Media forms (Air, Water, SPCC, Title III)
- ✓ Regulations (Federal/State)

- Load Camera
- Credentials
- Business Cards
- Daily Planner
- Car Book/Keys/Credit Card
- Special Health or Safety Considerations?
- Change Phone Message/Setting
- Sign-out On Board

Notes: none

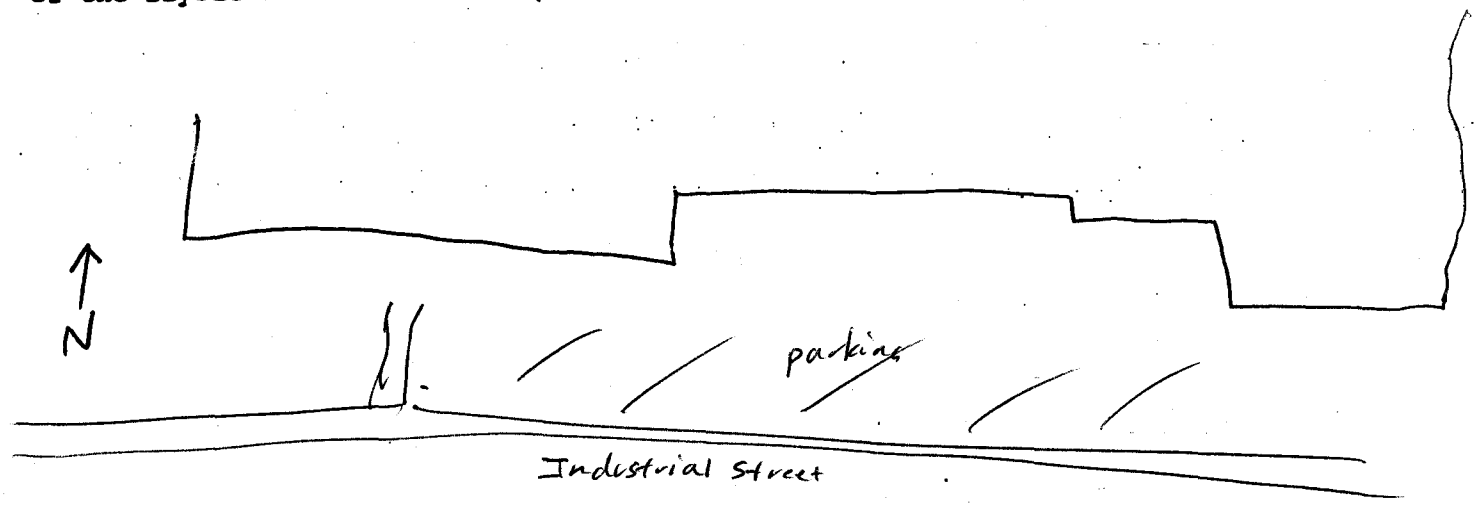
Activity #:_____ Page___ of___

DRIVE-BY WORKSHEET

1. Arrival time: [redacted] 0855

2. Drive-by conducted from public right-of-way? ☒ YES ☐ NO

3. Determine the direction "North" with respect to the facility and provide a brief sketch of the layout and orientation (as can be viewed from the public right-of-wa



4. Obvious concerns visible from public right-of-way? ☐ YES ☒ NO
(Note area(s) of concern)

☐ Containers	☐ Tanks	☐ Processing Equipment
☐ Loading Areas	☐ Unloading Areas	☐ Security Devices
☐ Open Drums	☐ Stressed Vegetation	☐ Unusual Staining
☐ Unusual Odors	☐ Obvious Discharges	☐ Improper Disposal
☐ Safety Concerns	☐ Other Concerns	

5. Notes/Observations: none

5. Photo's Taken? ☐ YES ☒ NO Photo Numbers:_____
(note location/direction on sketch)

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

SITE ENTRY AND INBRIEFING WORKSHEET

1. Initial entry procedures:

☒ Used main entrance ☒ Entered during normal operating hours

2. Facility Representative(s): Mark Peterson Title: Plant Engineer
Scott Sellars Title: Engineer
_____ Title:_____

3. Does the facility representative(s) have intimate knowledge of all aspects of the waste generation and management practices? ☒ YES ☐ NO
(How was this verified?)

4. How long has facility representative worked in their position? Uncertain

5. Were unreasonable or excessive delays encountered (>15 minutes): ☐ YES ☒ NO

6. Introduction:

☒ Presented credentials

☒ Verified presence at correct facility (checked address/I.D. #)

☒ Explained authority to conduct inspection (Section 3007 of RCRA)

☒ Explained the purpose, scope, and order of the inspection

☒ Explained documentation process through the use of worksheets, checklists, photo's, notes, statements, etc.

☒ Explained EPA's need to collect and the facilities responsibility to provide accurate information and provided copies of Section 1001 and 1002 U.S.C. to facility

☒ Explained facility's right to claim CBI and provided ~~pages 1 and 2 of~~ CBI form for signatures

☒ Identified personal safety considerations: safety glasses, steel-toed boots

☒ Explained that findings and observations are based on your current knowledge of RCRA and that the final findings may differ

7. Was full access granted? ☒ YES By who? (name): Mark Peterson

☐ NO Obtain name of person denying access, time of denial, reason for denial, or note limitations placed on access:_____

DOCUMENTATION:	*HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

FACILITY BACKGROUND WORKSHEET

1. Site history:

Date facility began operating: 1996 Number of employees: ≈310

Number of shifts/hours worked: 3 Number of days worked per week: 7

Size (sq. ft., how divided): ~750,000 ft²

Property owner and facility operator the same? ☒ YES ☐ NO

2. Major products or services provided: Glass, Mirrors, tempered glass

3. Major raw materials used: Sand, charcoal, dolomite, limestone, soda ash, salt cake, and glass (10-20% of input)

4. Major manufacturing or processing operations which generate waste streams: (provide brief description)

Operation	Waste Stream(s)
	HWS
Mirror Line	Rags with lead-based paint & xylene contamination
	Mirror paint booth
Tempering Line	Rags contaminated with lead- and cadmium-based paint (Close ink)
Parts Washer	Spent parts washer solvent
Facility operations	Waste lamps, waste batteries

Non HWS - Used oil rags with absorbent & oil, used oil filters, mirror plating press cake, rejected batch, fire brick, mirror cullet, mirror copper/iron residue, mirror multimedia filters, mirror carbon filter media, mirror deionization resin, tempering sand residue, clear glass, scrap metal

5. Complete a Generator Waste Stream Worksheet and/or Off-Site Waste Stream Worksheet for the waste streams noted above and then finish this form.

Activity #:_____ Page___ of___

6. Verified/compared above information with facility Notification Form: ☒ YES ☐ NO

7. GENERATOR STATUS: ☐ CE (0-100kg/mo) ☒ SQG (100-1000kg/mo) ☐ LQG (>1000kg/mo)
(based on records review)

Is facility's status solidly within above category? ☒ YES ☐ NO
(If not carefully verify status and document)

8. TSD STATUS: ☐ Treatment ☐ Storage ☐ Disposal N/A

Note: Types of units, number of units, capacities, processes, etc.

9. Resolved questions from Pre-Inspection Worksheet? ☐ YES ☐ NO ☒ No Questions

10. Resolved compliance officers questions from Pre-Inspection Worksheet? ☐ YES ☐ NO ☒ No Questions

11. Requested site map or diagram to identify all observations? ☒ YES ☐ None available

DOCUMENTATION:	*HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #: _____ Page ___ of ___

GENERATOR WASTE STREAM WORKSHEET

[Mirror Rags]

1. Name of waste stream: Rags contaminated with lead-based paint and xylene

2. Waste stream generation process:

Rags are used with Xylene to clean lead-based paint at the Mirror Line

3. Amount and frequency of waste stream generation (note amount per ___):

55 Gallons _____ Pounds per 2 months ☐ Day ☐ Week ☐ Month

☐ Other : _____

☐ Unknown: 10 x 55 gallons - 200l

Formulas/Calculations: _____

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in 55-gallon drums

Stated storage times (days): ☐ <90 ☒ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Safety Kleen / 633 E. 138th Street / Dolton, IL 60419

Frequency of shipments: Once/month

Transporter: Safety Kleen

Ultimate disposition of waste: ☒ Known ☐ Unknown

Xylene is fuel blended / remaining waste is incinerated and landfilled

6. Number of years/months facility generated this waste: From: Aug 1998 To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: D008

11. Were non-hazardous waste determinations adequate? N/A ☐ YES ☐ NO

12. Were hazardous waste determination adequate? ☐ YES ☒ NO
(includes LDR and analysis for on-site treatment)

F003 should also be used as a waste code since the rags contain spent Xylene.

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? ☐ YES ☒ NO
(If no, list apparent codes & provide supporting information)

See note above

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

[Tempering Rags]

1. Name of waste stream: Rags contaminated with cadmium and lead-based paint

2. Waste stream generation process:

Rags are used to clean a reservoir in the tempering line of logo paint that contains lead and cadmium

3. Amount and frequency of waste stream generation (note amount per ___):

55 Gallons _____ Pounds per year ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in 55 gal drums

Stated storage times (days): ☐ <90 ☒ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Safety Kleen / Dalton IL

Frequency of shipments: One or two shipments per year

Transporter: Safety Klee-

Ultimate disposition of waste: ☒ Known ☐ Unknown

incineration, followed by landfilling

6. Number of years/months facility generated this waste: From: 1996 To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: D006, D008

11. Were non-hazardous waste determinations adequate? N/A ☐ YES ☐ NO

12. Were hazardous waste determination adequate? ☒ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☐ YES ☒ NO

D006 is not included on the Handler Information Report

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? ☒ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Xylene Mirror Paint

2. Waste stream generation process:
The paint was unusable (or expired shelf life) from contamination (contains xylene)

3. Amount and frequency of waste stream generation (note amount per . .):

110-165 Gallons _____ Pounds per year ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

stored in 55-gallon drums

Stated storage times (days): ☐ <90 ☒ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Safety Kleen / Dalton, Ga

Frequency of shipments: 1 or 2 times per year

Transporter: Safety Kleen

Ultimate disposition of waste: ☒ Known ☐ Unknown

fuel blended

6. Number of years/months facility generated this waste: From: July 1998 To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: (check all that apply) ☐ Not completed by facility

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) [uncertain if tested] ☐ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: The facility was uncertain. Based on a manifest, the facility uses D001 and D008 for the waste

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO N/A

12. Were hazardous waste determination adequate? ☒ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? ☒ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Spent Xylene

2. Waste stream generation process:

Spent xylene that can't be reused by the facility

3. Amount and frequency of waste stream generation (note amount per ___):

_____ Gallons _____ Pounds Uncertain per ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in 55-gallon drums

Stated storage times (days): ☐ <90 ☒ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Safety Kleen / Dalton, IL

Frequency of shipments: uncertain

Transporter: Safety Kleen

Ultimate disposition of waste: ☒ Known ☐ Unknown

Fuel blending

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☐ By testing (test results) [Uncertain if tested]

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: D001, F003

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO N/A

12. Were hazardous waste determination adequate? ☒ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? ☒ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #: _____ Page ___ of ___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Spent Parts Washer Solvent

2. Waste stream generation process: Generated in Maintance

3. Amount and frequency of waste stream generation (note amount per ___):

100 Gallons _____ Pounds per ☐ Day ☐ Week ☒ Month

☐ Other : → Based on recent manifests

☐ Unknown: _____

Formulas/Calculations: _____

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☐ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☒ Other

Stored in Parts Washer until being cleaned → shipped in 25 gallon drums

Stated storage times (days): ☐ <90 ☒ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities: 13035 West 73rd Street

Shipped to: Safety Kleen / Davenport IA 52806

Frequency of shipments: _____

Transporter: Safety Kleen

Ultimate disposition of waste: ☒ Known ☐ Unknown

recycled

6. Number of years/months facility generated this waste: From: 1996 To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☐ NO unknown

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: (check all that apply) ☐ Not completed by facility

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☐ By testing (test results) [Uncertain]

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: D039 - They aren't sure why

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO D039 is used by [redacted] as a waste code
N/A

12. Were hazardous waste determination adequate? ☐ YES ☒ NO
(includes LDR and analysis for on-site treatment)

The facility was uncertain why D039 is used as a waste code. The flash point of the solvent is 148°F, so this may not be a hazardous waste if the facility has no reason to use D039. The MSDS for the solvent doesn't list tetrachloroethylene as a constituent.

13. Waste determination made by inspector? ☐ YES ☐ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☐ YES ☒ NO

D039 is not listed on the Handler Information Report

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? ☐ YES ☒ NO
(If no, list apparent codes & provide supporting information)

see note above

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Mercury Contactors

2. Waste stream generation process:
Generated from electrical panels in the Tempering Process Line Area

3. Amount and frequency of waste stream generation (note amount per . . _):

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☐ Other : Less than 55 gallons generated since 1996

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in a 55-gallon drum

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Hasn't been shipped offsite yet.

Frequency of shipments:

Transporter:

Ultimate disposition of waste: ☐ Known ☐ Unknown

6. Number of years/months facility generated this waste: From: 1996 To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☐ By testing (test results)

Activity #: _____ N/A Page ___ of ___

10. EPA waste codes identified by facility: Hasn't been shipped offsite yet

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO N/A

12. Were hazardous waste determination adequate? ☒ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

Facility has been listed on the Hurdle Information Report

16. Notes/Observations:

none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations:

none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Waste Lamps

2. Waste stream generation process:
Generated from throughout the facility

3. Amount and frequency of waste stream generation (note amount per ___):
_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month
☐ Other : 2-3 bulbs per month
☐ Unknown:
Formulas/Calculations:

4. On-site management practices (check all that apply):
☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage
☐ Treatment ☐ Disposal ☐ Other
Stored in cardboard boxes
Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:
Shipped to: Safety Kleen / Davenport, Iowa
Frequency of shipments: ~~Once~~ or Once/three months
Transporter: Safety Kleen
Ultimate disposition of waste: ☒ Known ☐ Unknown
recycling

6. Number of years/months facility generated this waste: From: 1996 To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?
☒ YES ☐ NO
they replace spent fluorescent lamps with green lamps. Waste stream still includes conventional fluorescent lamps that must be disposed of.
they switched to green lamps - lead has been reduced to the point where they will not fail the TCLP in green lamps

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)
☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☐ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: Universal Waste

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO
N/A

12. Were hazardous waste determination adequate? ☒ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO
Facility used to ship this waste stream offsite as a D009 hazardous waste and still has that waste code on the Handler Information Report.

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #: _____ Page ___ of ___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Waste batteries

2. Waste stream generation process: Generated from calculators, flashlights, maintenance instruments, phones, etc.

3. Amount and frequency of waste stream generation (note amount per ___):

5 Gallons ____ Pounds per year ☐ Day ☐ Week ☐ Month

☐ Other : _____

☐ Unknown: _____

Formulas/Calculations: _____

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in 5-gallon buckets

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Safety Kleen/Davenport, IA

Frequency of shipments: uncertain

Transporter: Safety Kleen

Ultimate disposition of waste: ☒ Known ☐ Unknown

recycling

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☒ YES ☐ NO

The waste batteries used to be managed as a D009 hazardous waste

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☐ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: Universal Waste

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO N/A

12. Were hazardous waste determination adequate? ☒ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☒ YES ☐ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

Facility used to ship this waste stream offsite as a D009 hazardous waste and still has that waste code on the Handler Information Report

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? ☒ YES ☐ NO
(If no, list apparent codes & provide supporting information) N/A BN

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: ~~[redacted]~~ Used Oil

2. Waste stream generation process:

Generated from throughout the facility.

3. Amount and frequency of waste stream generation (note amount per ___):

~~55~~ Gallons _____ Pounds per ☐ Day ☐ Week ☒ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in 55gal drums

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Safety Kleen / 633 E. 138th St / Dolton, IL 60419

Frequency of shipments:

Transporter: Safety Kleen

Ultimate disposition of waste: ☒ Known ☐ Unknown

recycled.

6. Number of years/months facility generated this waste: From: ~~Started~~ since plant (uncertain) To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☐ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment) N/A

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Rags and Absorbent Containing Used Oil Or

2. Waste stream generation process: Used to cleanup used oil

3. Amount and frequency of waste stream generation (note amount per . _): uncertain

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☐ Other :_____

☐ Unknown:_____

Formulas/Calculations:_____

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in 55-gal drums

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Safety Kleen / Dalton, IL

Frequency of shipments:_____

Transporter: Safety Kleen

Ultimate disposition of waste: ☒ Known ☐ Unknown

incinerated

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment) N/A

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Used Oil Filters

2. Waste stream generation process:
Used oil is drained from oil filters

3. Amount and frequency of waste stream generation (note amount per ___): uncertain

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☐ Other : _____

☐ Unknown: _____

Formulas/Calculations: _____

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in 55-gal drums

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Safety Kleen / Davenport, Iowa

Frequency of shipments: _____

Transporter: Safety Kleen

Ultimate disposition of waste: ☐ Known ☐ Unknown

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? N/A ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: (Mirror Plating Press Cake) Wastewater Treatment Facility Sludge

2. Waste stream generation process:

Generated from the treatment of wastewater from the mirror process line and other process wastewaters at the facility.

3. Amount and frequency of waste stream generation (note amount per ___):

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

- sanitary system
- tempering process line
- blowdown system

☐ Other : uncertain

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in storage bins or roll-off boxes

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Upper Rock Island County Landfill / East Moline, Illinois

Frequency of shipments:

Transporter: Jeffer Hauling & Recycling

Ultimate disposition of waste: ☒ Known ☐ Unknown

Landfilling

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? N/A ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☒ YES ☐ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Rejected Batch

2. Waste stream generation process:

Waste consists of glass, limestone, and carbon material from the glass making furnace process

3. Amount and frequency of waste stream generation (note amount per ___):

_____ Gallons _____ Pounds Uncertain per ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in a storage bin or a roll-off box

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Upper Rock Island County Landfill / East Moline, ILLINOIS

Frequency of shipments:

Transporter: Jetter Hauling & Recycling

Ultimate disposition of waste: ☒ Known ☐ Unknown

Landfilled

6. Number of years/months facility generated this waste: From: Uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? N/A ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Fire Brick

2. Waste stream generation process:
Generated from making furnace repairs

3. Amount and frequency of waste stream generation (note amount per ___):
Uncertain
_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month
☐ Other :
☐ Unknown:
Formulas/Calculations:

4. On-site management practices (check all that apply):
☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage
☐ Treatment ☐ Disposal ☐ Other
Stored in storage bins or roll-off boxes
Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:
Shipped to: Upper Rock Island County Landfill
Frequency of shipments:
Transporter: Jetter Hauling & Recycling Service
Ultimate disposition of waste: ☒ Known ☐ Unknown
Landfilling

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?
☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)
☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? N/A ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: None

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? ~~N/A~~ Or ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: None

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Mirror Cullet

2. Waste stream generation process:

Waste consists of broken pieces of mirror

3. Amount and frequency of waste stream generation (note amount per ___):

_____ Gallons _____ Pounds Uncertain per ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in storage bins or roll-off boxes

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Upper Rock Island County Landfill/East Moline, Illinois

Frequency of shipments:

Transporter: Jeffer Hauling & Recycling Service

Ultimate disposition of waste: ☒ Known ☐ Unknown

Landfilling

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? N/A ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Mirror Copper/Iron Resids

2. Waste stream generation process:

Consists of copper and iron resides generated at the mirror process line

3. Amount and frequency of waste stream generation (note amount per . _): Uncertain

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in storage bins or roll-off boxes

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Upper Rock Island County Landfill/East Moline, IL

Frequency of shipments:

Transporter: Tetter Hauling & Recycling Service

Ultimate disposition of waste: ☒ Known ☐ Unknown

Landfilling

6. Number of years/months facility generated this waste: From: Uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment) N/A

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #: _____ Page ___ of ___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Mirror Multimedia Filters

2. Waste stream generation process:
Consists of a filter used to filter process wastewater at the mirror line.

3. Amount and frequency of waste stream generation (note amount per ___): uncertain

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☐ Other : _____

☐ Unknown: _____

Formulas/Calculations: _____

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in roll-off boxes or storage bin.

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Upper Rock Island County Landfill / East Moline, IL

Frequency of shipments: _____

Transporter: Teller Hauling & Recycling

Ultimate disposition of waste: ☒ Known ☐ Unknown

Landfilling

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment) N/A

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: None

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Mirror Carbon Filter Media

2. Waste stream generation process:

Consists of carbon filters used to filter process water at the mirror lines.

3. Amount and frequency of waste stream generation (note amount per ___): uncertain

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in storage bins or roll-off boxes

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Upper Rock Island County Landfill

Frequency of shipments:

Transporter: Jeffer Hauling or and Recycling

Ultimate disposition of waste: ☒ Known ☐ Unknown

Landfilling

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment) N/A

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Mirror Deionization Resin

2. Waste stream generation process:

Generated from Dionization units used to filter process water at the mirror line

3. Amount and frequency of waste stream generation (note amount per ___): uncertain

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in storage bins or roll-off boxes

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Upper Rock Island County Landfill

Frequency of shipments:

Transporter: Telter Hauling and Recycling

Ultimate disposition of waste: ☒ Known ☐ Unknown

Landfilling

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? N/A ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations:

none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Tempering Simco Residue

2. Waste stream generation process:

Consists of grindeck glass from the tempering process line

3. Amount and frequency of waste stream generation (note amount per ___):

Uncertain

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in storage bins or roll-off boxes

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities: [Managed with Rejected Batch waste stream]

Shipped to: Upper Rock Island County Landfill

Frequency of shipments:

Transporter: Teller Hauling and Recycling

Ultimate disposition of waste: ☒ Known ☐ Unknown

Landfilling

6. Number of years/months facility generated this waste: From: Uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: (check all that apply) ☐ Not completed by facility

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? N/A ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Clear Glass

2. Waste stream generation process:

consists of broken glass that can't be reused

3. Amount and frequency of waste stream generation (note amount per ___): uncertain

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in storage bin or roll-off box

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Diversified Corporation

Frequency of shipments:

Transporter: Diversified Corporation

Ultimate disposition of waste: ☒ Known ☐ Unknown

recycling

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☒ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment) N/A

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Page___ of___

GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Scrap Metal/Banding

2. Waste stream generation process:

Waste consists of steel strappings that must be disposed of.

3. Amount and frequency of waste stream generation (note amount per ___): uncertain

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☐ Other :

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stored in storage bins or roll-off boxes

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: Bacon Recycling / Hopkinton, IL

Frequency of shipments:

Transporter: Bacon Recycling

Ultimate disposition of waste: ☒ Known ☐ Unknown

recycling

6. Number of years/months facility generated this waste: From: uncertain To: present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☐ Hazardous ☒ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☐ By testing (test results)

Activity #:_____ Page___ of___

10. EPA waste codes identified by facility: N/A

11. Were non-hazardous waste determinations adequate? ☒ YES ☐ NO

12. Were hazardous waste determination adequate? ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment) N/A

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☒ NO

15. Is waste stream consistent with generator Notification? ☒ YES ☐ NO

16. Notes/Observations: none

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? N/A ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: none

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ N/A Page___ of___

OFF-SITE WASTE STREAM WORKSHEET - TSD's ONLY

1. Name or type of waste stream(s):_____

2. Amount and frequency received (note amount per 7):

_____ Gallons _____ Pounds _____ Tons per ☐ Day ☐ Month ☐ Month ☐ Year

☐ Other:_____

3. On-site management practices (check all that apply):

☐ Container Storage ☐ Tank Storage ☐ Treatment

☐ Disposal ☐ Other:_____

_____

4. Off-site management activities: ☐ N/A

Shipped to:_____

Frequency of shipments:_____

Transporter:_____

Ultimate disposition of waste: ☐ Known ☐ Unknown

_____

6. Number or years/months facility managed this waste: From:_____ To:_____

7. Facility considers this waste to be: ☐ Hazardous ☐ Non-Hazardous

8. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☐ By generator supplied information ☐ By testing

_____

_____

_____

_____

9. EPA waste codes _____ _____

10. Is waste stream consistent with generator Notification? ☐ YES ☐ NO

_____

_____

16. Notes/Observations:_____

_____

_____

_____

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Facility Status: ☒ SQG ☐ LQG ☐ I.S./P Page___ of___

RECORDS REVIEW WORKSHEET AND CHECKLIST

A. MANIFESTS

1. Location of manifests: Front Office

2. Person(s) responsible for manifests: Mark Zinger

#	//x	REGULATORY REQUIREMENT	MANIFEST #'s AND COMMENTS
3.	✓	Facility uses manifest system-262.20(a)	
4.	✓	Manifests maintained for 3 years-262.40(a)	Checked 3/28/02 6/05/01 12/7/99 4/11/02
5.	✓	Generator EPA I.D. number-262.20(a)	
6.	✓	Generator name, address, phone number-262.20(a)	
7.	✓	Transporter(s) name & EPA I.D. number-262.20(a)	
8.	✓	Designate facility name, address, phone number, & EPA I.D. number-262.20(a)	
9.	—	Alternate facility designated-262.20(c)	
10.	✓	Five digit document number-262.20(a)	
11.	✓	DOT shipping name, hazard class, waste code, & RQ (if required-49 CFR 172)-262.20(a)	
12.	✓	Containers: numbers, type, quantity, unit wt/vol. -262.20(a)	
13.	✓	Proper certification including waste minimization-262.20(a)	
14.	✓ X	Signed and dated-262.23(a)	
15.	✓ X	Exception report submitted if necessary-262.42	
16.		Waste reclaimed under contractual agreement (SQG only)-262.20(e)(1)	
17.		Generator maintains copy of contractual agreement (SQG only)-262.20(e)(2)	
18.	✓	LDR notification/certification sent with all manifests or (1st shipment under tolling agreement, SQG only)-268.7(a)	
19.	✓	LDR notification/certification includes: manifest number, correct EPA waste codes & treatment standards, and waste analysis data-268.7	
20.	✓	LDR notification/certification maintained for 5/3 years-268.7.(a)(7)	

✓-in compliance X-not in compliance N/A-not applicable

21. Approximate number of manifests generated since last inspection _____, or over past 3 years ~20-40

22. Approximate number of manifests reviewed: 3

23. Copies of manifests made with regulatory violations? ☐ YES ☐ NO N/A

24. Biennial Reports submitted per 262.41? ☐ YES ☐ NO

DOCUMENTATION: *HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen?* and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Facility Status: ☐ SQG ☐ LQG ☐ I.S./P Page___ of___

25. Additional requirements for ~~off-site~~ generated manifests: N/A (please note

#	√/X	ADDITIONAL I.S./PERMIT* REGULATORY REQUIREMENTS	MANIFEST #'s AND COMMENTS
a.		Manifests signed and dated-265.71(a)(1)	
b.		Manifest discrepancies noted and corrected w/in 15 days-265.71(a)(2)	
c.		Copy immediately given to transporter-265.71(a)(3)	
d.		Copy sent to generator w/in 30 days-265.71(a)(4)	
e.		Manifests retained for 3 years-265.71(a)(5)	
f.		LDR notification/certifications retained for 5 years-268.7(b)(6)	

√-in compliance X-not in compliance N/A-not applicable *-please note applicable permit requirement

g. Approximate number of manifest received since last inspection _____, or over past 3 years _____

h. Approximate number of manifests reviewed: _____

i. Copies of manifests made with regulatory violations? ☐ YES ☐ NO

j. Biennial Reports submitted per 265.75 ☐ YES ☐ NO

26. Notes/Observations: _____

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW long did it happen?* and *WHAT PROOF WAS OBTAINED?*

Activity #: ________ Facility Status: ☒ SQG ☐ LQG ☐ I.S./P Page ___ of ___

B. PREPAREDNESS AND PREVENTION

1. Name of designated Emergency Coordinator(s): Shift Managers On-Site are the emergency coordinators

[redacted]

#	√/X	REGULATORY REQUIREMENTS	COMMENTS
2.	√	Arrangements with local emergency agencies made- 262.34(d)(4)-265.37 [SQG] or 262.34(a)(4)-265.37 [LQG, I.S.]	→ Brought in before openhouse last year (last May)
3.	√	Emergency coordinator on premise or on call- 262.34(d)(5) [SQG] or 262.34(a)(4)-265.55 [LQG, I.S.]	

√-in compliance X-not in compliance N/A-not applicable

4. Can local emergency agencies handle a contaminated person from this facility?

☐ YES ☐ NO

5. Notes/Observations:

Key Resources Listed in Contingency Plan (Emergency Coordinators)

Patrick A. Tuttle Plant Manager
Mark Peterson "
Mark Zinger Env Coordinator
Bill Daugherty Maint Manager
Doug Peterson Human Resources Director
Jeff D Ahy Mirror Line Manager

Can all be contacted in any emergency/

Shift managers are actually the emergency coordinators

addresses, phone numbers, home listed in contingency plan

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #:_____ Facility Status: ☒ SQG ☐ LQG ☐ I.S./P Page___ of___

E. WASTE ANALYSIS/WASTE DETERMINATION AND LAND DISPOSAL RESTRICTIONS

1. Location of waste analysis/waste determination records: Front Office

2. Person responsible for waste analysis/waste determination: Mark Zibura

#	√/X	REGULATORY REQUIREMENTS	COMMENTS
3.	✓	Determines if waste is a hazardous waste-262.11	
4.	✓	Determines if waste is restricted from land disposal-262.11(d)-268.7(a)	
5.	N/A	Generators waste analysis plan on-site for treatment in tanks/containers to meet LDR treatment standards-262.34(a)(4) [LQG] or 262.34(d)(4) [SQG] - 268.7(a)(4)	
6.	✓	Impermissible dilution of waste to meet LDR standards is not occurring-268.11(d)-268.3(a) & (b)	
		ADDITIONAL I.S./PERMIT* REQUIREMENTS	
7.		Obtains complete analysis before treatment, storage, or disposal-265.13(a)	
8.		Has method to inspect, track, and analyze all off-site generated waste for consistency with manifest descriptions-265.13(c)	
9.		Facility has written plan on-site which specifies: parameters, rational, test methods, sampling methods, frequency, waste analysis information from generator, list of applicable waste analysis methods to meet additional waste management requirements including LDR-265.13(b)	

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit standards

10. Notes/Observations: none

DOCUMENTATION: *HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?*

Activity #:_____ Facility Status: ☒ SQG ☐ LQG ☐ I.S./P Page___ of___

VISUAL REVIEW WORKSHEET AND CHECKLIST

A. CONTAINER STORAGE AREA

(Complete one form per storage area)

1. Name and location of area: Hazardous Waste Storage Area

2. Person responsible for area: Mark Zieger

3. Type of storage area: ☐ < 90 day ☒ < 180 day ☐ < 270 day ☐ I.S. ☐ Permit

4. I.S. capacity: Permited capacity:

#	√/x	REGULATORY REQUIREMENTS*	COMMENTS
5.	X	Date of accumulation marked-262.34(a)(2)	← 2 not marked with accumulation start date
6.	√	Containers marked as "Hazardous Waste"- 262.34(a)(3)	
7.	√	Containers in good condition-262.34-265.171	
8.	√	Containers are compatible with waste-262.34-265.172	
9.	√	Containers kept closed-262.34-265.173(a)	
10.	√	Containers opened, handled, & stored in a manner not to cause them to leak-262.34-265.173(a)	
11.	√	Containers storing incompatible separated or protected form each other-262.34-265.177	
12.	√	Containers stored >50 feet from property line [LQG's, I.S. & Permit, only]-262.34-265.176	
13.	√	Adequate aisle space for type of container management and emergency equipment used-265.35	
14.	√	Containers stored for less than 90/180/270 days, as applicable-262.34	
15.	√	Facility inspected weekly-265.174	all S.As are inspected weekly also
		ADDITIONAL I.S. REQUIREMENTS*	
16.		Security: controlled entry, 24-hr. surveillance, or barrier-265.14(b)	
17.		"Danger Unauthorized Personnel Keep Out," signs posted-265.14(c)	
18.		"No Smoking" signs conspicuously posted-265.17(a)	
19.		Containers/Tanks clearly marked identifying their contents & with storage start date-268.50(a)(2)	
20.		LDR wastes not stored over 1 yr. without adequate justification-268.50(c)	
21.		Daily inspections loading.unloading areas (when in use)-265.15(a)(4)	
		PRE-TRANSPORT REQUIREMENTS*	
22.	√	Waste packaged, labeled, marked, per DOT-262.30, 262.31, 262.32, respectively	
23.	√	Placards available for use by transporters-262.33	

√-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

Activity #:_____ Facility Status: ☒ SQG ☐ LQG ☐ I.S./P Page___ of___

#	√/x	REGULATORY REQUIREMENTS*	COMMENTS
24.	√	Device available capable of summoning emergency assistance-265.34	
25.	√	Adequate supply and proper spill control, decontamination and safety equipment (fire blankets, respirators, absorbent, etc.)-265.32	
26.	√	Adequate water supply for fire control equipment-265.32(d)	
27.	√	Communication and emergency equipment tested and maintained-265.33	
28.	√	Facility operated and maintained to minimize possibility of emergency-265.31	
29.	√	Emergency coordinator's name and phone number, fire departments phone number, and the location of fire extinguishers and spill control equipment posted near phone (SQG only)-262.34(d)	

√-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

30. Container inventory: ☐ Actual count ☐ Approximate count

Waste Type	Container Size		Total
Rags from Tempering Area	1 x 55 gal.	3/4 ~~x 30 gal.~~ full	≈ 150 lb
Rags from Mirror Line	1 x 55 gal.	Full x 30 gal.	≈ 200 lb
Mirror Paint (contains Xylene)	2 x 55 gal.	Full x 30 gal.	110 gal ≈ 880 lb.
	___ x 55 gal.	___ x 30 gal.	
	___ x 55 gal.	___ x 30 gal.	
	___ x 55 gal.	___ x 30 gal.	
	___ x 55 gal.	___ x 30 gal.	

Total Quantity (pounds, gallons, etc.): ≈ 1230 lb

31. Total number of containers inspected: 4

32. How were container volumes verified? visual or racked

33. Photos taken to verify observations: ☒ YES ☐ NO Numbers: 2-4

34. Container management area location noted on map or diagram: ☒ YES ☐ NO

35. Notes Observations:

Also in area was 2 drums of nonhazardous waste and a drum of spent solvent (facility intended to try to reuse it if possible)

DOCUMENTATION: *HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen?* and WHAT PROOF WAS OBTAINED?

B. SATELLITE ACCUMULATION AREA(S)

1. Total number of satellite areas at facility: 4
2. Person who has overall responsibility for satellite waste management: Mark Ziegler
3. Please note your observations and findings below:

#	REGULATORY REQUIREMENTS	SA1	SA2	SA3	SA4	SA5	SA6	SA7	SA8	SA9	SA10
4.	Area at or near the point of generation-262.34(c)(1)	✓	✓	✓	✓						
5.	Area under the direct control of operator-262.34(c)(1)	✓	✓	✓	✓						
6.	Quantities accumulated do not exceed 55-gallons or 1 quart (acute) -262.34(c)(1)	✓	✓	✓	✓						
7.	Excess accumulation removed within 3 days-262.34(c)(2)	✓	✓	✓	✓						
8.	Containers marked identifying their contents-262.34(c)(1)	✓	✓	✓	✓						
9.	Containers in good condition-262.34(c)(1)	✓	✓	✓	✓						
10.	Containers are compatible with waste-262.34(c)(1)	✓	✓	✓	✓						
11.	Containers kept closed-262.34(c)(1)	✓	✓	✓	✓						

✓-in compliance X-not in compliance N/A-not applicable

Satellite Area - SA1:

Name/Location of area: Maintenance Area

Person responsible for area: Maintenance Manager

Type(s) of waste accumulated: Mineral Spirits, Oil

Number and Type of containers: 1 55 gal drum

How were container volumes verified? almost full

Photos taken? ☐ YES ☒ No Photo numbers:

Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations:

Waste is stored here. The painting could be done anywhere in the plant by Maintenance. They bring the paint brushes back to this area and clean the brushes at this location. When the drum is full it gets moved.

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #:_____ Facility Status: ☒ SQG ☐ LQG ☐ I.S./P Page___ of___

Satellite Area - SA2:

Name/Location of area: Tempering Area

Person responsible for area: John McCallister

Type(s) of waste accumulated: toga ink

Number and Type of containers: 1 55-gallon drum

How were container volumes verified? visual - almost empty

Photos taken? ☐ YES ☒ No Photo numbers:

Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations:

marked for contents and "Hazardous Waste"

Satellite Area - SA3:

Name/Location of area: Tempering Area

Person responsible for area: John McCallister

Type(s) of waste accumulated: mercury contactors

Number and Type of containers: 1 55 gallon drum

How were container volumes verified? rocked

Photos taken? ☐ YES ☒ No Photo numbers:

Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations:

Satellite Area - SA4:

Name/Location of area: Mirror Line

Person responsible for area: John Jones

Type(s) of waste accumulated: Rags contaminated with lead and xylene "Dry Mirror Paint"

Number and Type of containers: 1 55-gal drum

How were container volumes verified? rocked - almost full

Photos taken? ☐ YES ☒ No Photo numbers:

Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations:

DOCUMENTATION:	HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?

VRWC-4 or 13

Activity #:_____ Facility Status: ☒ SQG ☐ LQG ☐ I.S./P Page___ of___

EXIT BRIEFING WORKSHEET

1. Initial procedures:

☒ Reviewed all data collection worksheets, checklists, field notes, and collected documents to ensure that all necessary information has been collected and documented. This review included the following:

- Documentation of the location of the violation, the type and amount of waste involved, the duration or time frame of the violation, the specific dates when the violation first started occurring, and the number of times or frequency that the same violation was found at the facility.

- Documentation regarding illegal waste management units, including: information about the units location (diagram/picture), its dimensions, its conditions, the construction material, the gradient of the base (for spills), and all other relevant information.

- Documentation regarding illegal disposal situations, including: information about each occurrence, eg. where the waste was sent or disposed of, how it was shipped, who shipped it, when it was shipped or disposed of, how much was shipped or disposed of, how the waste was managed at the disposal site (land disposed, burned, etc.).

☐ Identified/verified violations from previous inspection were corrected (if applicable) N/A

Note additional information needed and/or questions for facility representative(s):

none

☒ Prepared Notice of ~~Violation (NOV)~~ Preliminary Findings form, if applicable

☒ Prepared Document Receipt form

☒ Pollution Prevention Checklist completed

☒ Multi-Media screening completed, media(s):_____

2. Exit Briefing:

☒ Addressed all unresolved inspection related issues

☒ Provided facility with Document Receipt

☒ Provided facility with ~~Page 3 of~~ CBI form (only if facility makes a CBI claim)

☒ Explained that the findings and observations resulting from the inspection were based on your current knowledge of RCRA and that the final findings may differ

☒ Explained that the compliance officer will make the final compliance decisions regarding the findings and observations of the inspection and that all compliance related questions should be directed toward them

☒ Explained that any recommendations provided during the inspection are for informational purposes only and ***DO NOT*** require specific actions by the facility

☒ Summarized the findings and observations for the facility representatives

Notes none

Activity #:_____ Facility Status: ☒ SQG ☐ LQG ☐ I.S./P Page___ of___

3. Notice of ~~Violation~~ Preliminary Findings prepared and issued? ☒ YES ☐ NO (If yes complete below)

☒ All violations were clearly identified and explained, including: the circumstances, location, and the applicable regulations

☒ Explained the importance of a timely and adequate response

4. Specific information requested from facility? ☒ YES ☐ NO
(Note: Request all information in writing and copy)

List information to be submitted to EPA:_____

Facility did not want to decide on CBI declaration during inspection, but said a decision would be made soon and that I would be notified [redacted]

5. Actions facility representatives said they would take as a result of the inspection: (Note who made these statements) ☒ YES ☐ NO

→ Decide whether or not to declare information obtained during the inspection as CBI.

6. Facility appears to have awareness of RCRA regulations and/or has its own environmental staff? ☒ YES ☐ NO

7. Facility appears to have little to no knowledge of RCRA? ☐ YES ☒ NO

8. Facility has copy of applicable regulations? uncertain ☐ YES ☐ NO

9. Note attitude and demeanor of facility representative(s) if applicable: ☐ N/A

very cooperative

DOCUMENTATION:	HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?

POLLUTION PREVENTION WORKSHEET

1. Do the manifests used by the facility certify that a pollution prevention program is in place (specific wording listed under 40 CFR 262 Appendix): Yes ✓ No___ Further Explanation:_____

2. Does the facility biennial report contain a description of pollution prevention efforts and achievements (specific requirements listed under 40 CFR 262.41 a.6 & a.7, 264.75 h & i, and 265.75 h & i): Yes___ No___ Further Explanation: uncertain

3. If facility is a permitted TSD, does the operating record contain an annual certification that a pollution prevention program is in place (specific wording listed under 40 CFR 264.73 b.9): Yes___ No___ N/A ✓ Further Explanation:_____

4. Does the facility have a written pollution prevention program: Yes___ No___ Further Explanation: part of SWP PP & Solvent Management Plan & SPCC Plans & Air Contingency Plan

IF YES, ATTEMPT TO OBTAIN A PHOTOCOPY; COPY ATTACHED: YES___ NO___

5. If the facilty does not have a written pollution prevention program, does the facility have an unwritten program that can be verbally described: Yes___ No___ N/A ✓ Further Explanation:_____

SUMMARY OF VERBAL DESCRIPTION:_____

NOTE: THERE IS NO REQUIREMENT FOR A POLLUTION PREVENTION PROGRAM TO BE WRITTEN, AND SPECIFIC REGULATORY CRITERIA HAVE NOT BEEN ESTABLISHED FOR POLLUTION PREVENTION PROGRAMS. THE INSPECTOR SHOULD NOT CONDUCT A TECHNICAL REVIEW OF WRITTEN OR VERBAL PLANS.

6. If the facility has a written or verbal pollution prevention program, is this program actually being implemented: Yes ✓ No___ Further Explanation:_____

7. Is facility complying with any additional pollution prevention requirements established by a permit or enforcement action: Yes ___ No___ N/A ✓ Further Explanation:_____

8. **ENCOURAGE THE FACILITY TO BEGIN/CONTINUE POLLUTION PREVENTION EFFORTS:** Accomplished ✓

9. **PROVIDE THE FACILITY WITH THE FOLLOWING INFORMATION:**

Appropriate Fact Sheet(s): Accomplished___
(Multimedia plus industry specific if appropriate)
State Contact Information: Accomplished___
Clearinghouse Information: Accomplished___

ATTACHMENT 4

NOTICE OF PRELIMINARY FINDINGS SHEET

(One Page)

NOTICE OF PRELIMINARY FINDINGS

FACILITY NAME: Guardian Industries Corporation
ADDRESS: 300 S 5th Avenue East
DeWitt, Iowa
EPA ID NUMBER: IAR000006668 **DATE:** July 10, 2002

1

NOTICE: I am not an employee of the Environmental Protection Agency ("EPA"). I am a contractor for EPA retained to conduct compliance evaluation inspections. The following is a list of observations/recommendations found during this inspection which will be reported back to EPA. This is not to be construed as a complete list of observations/recommendations. The EPA will be evaluating the report prepared as a result of this inspection and making the determinations as to what violations may have occurred at your facility.

1. 40 CFR 262.34(d)(4) - Two Hazardous Waste Containers at the less-than-180-day hazardous waste Storage area were not marked with accumulation start dates.
2. 40CFR 273.14(e) - Several containers of waste lamps were not marked with the words "Universal Waste-Lamps", "Waste Lamps", or "Used Lamps"
3. 40 CFR 262.11 - Facility has not performed a proper hazardous waste determination for pool water solution that is spent. Facility is uncertain why D039 is used as a waste code for the waste.
4) 40 CFR 268.9(a) - Facility is not using F003 as a waste code for rags used with xylene for cleaning.
5) 40 CFR 268.7(a)(2) - Facility did not include F003 as a waste code for land disposal restriction notification forms for rags used with xylene for cleaning
6.
7.

If you have any questions regarding these findings please contact

The undersigned person hereby acknowledges receipt of a copy of this document and has read the same.

PRINTED NAME: MARK JEFFERSON **TITLE:** PLANT ENGINEER

SIGNATURE:

This document was prepared by Dawn J. Williams, TetraTech EMI

ATTACHMENT 5

CONFIDENTIALITY NOTICE

(One Page)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name	
Guardian Industries Corporation	
Facility Address	
300 S. 5th Avenue East / DeWitt, Iowa 52742	
Inspector (print)	
Dean I. Williams, Tetra Tech EM, Inc	7/10/02
U.S. EPA, Region VII, 901 N. 5th St., Kansas City, KS 66101	Date

The United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act, to release information collected during inspections to persons who submit requests for that information. The Freedom of Information Act does, however, have provisions that allow EPA to withhold certain confidential business information from public disclosure. To claim protection for information gathered during this inspection you must request that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that the information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.

2. No statute specifically requires disclosure of the information.

3. Disclosure of the information would cause substantial harm to your company's competitive position.

Information that you claim confidential will be held as such pending a determination of applicability by EPA.

I have received this Notice and DO NOT want to make a claim of confidentiality at this time.	
Facility Representative Provided Notice (print)	Signature/Date

I have received this Notice and DO want to make a claim of confidentiality.	
Facility Representative Provided Notice (print)	Signature/Date
MARK PETERSON	7/15/02

Information for which confidential treatment is requested;

PLEASE SEND US COPIES OF THE NOTES, PICTURES AND THE REPORT. THERE MAY BE ITEMS INCLUDED IN THEM THAT WOULD SUBSTANTIATE THE REQUEST FOR CONFIDENTIALITY.

(Rev: 11/15/99)

ATTACHMENT 6

DOCUMENT RECEIPT

(One Page)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name
Guardian Industries Corporation
Facility Address
300 S 5th Avenue East / DeWitt, Iowa 52742

Documents Collected? YES ✓ (list below) NO ___

Samples Collected? YES ___ (list below) NO ✓ Split Samples: YES ___ NO ___

Documents/Samples were: 1) Received no charge ✓ 2) Borrowed ___ 3) Purchased ___

Amount Paid: $_____ Method: Cash ___ Voucher ___ To Be Billed ___

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

==========

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

	Pages
HW Manifest with LDR notice form IL 09938770	3
HW Manifest with LDR notice form IL 9144121	2
HW Manifest IL 9141396	1
HW Manifest IL 9897306	1
MSDS - Safety Kleen Premium Solvent	11
MSDS - Tempering Paint	2
MSDS - Mirror Paint	5
Analytical Report	16
Photographs - 5	
Manifest - Parts Washer Solvent	1
Manifest with LDR form - Parts Washer Solvent	2
Site Diagram	1

Facility Representative (print) MARK PETERSON Signature/Date 7/10/02

Inspector (print) Dean I. Williams, TetraTech EM, Inc. Signature/Date 7/10/02

U.S. EPA, Region VII, 901 N. 5th Street, Kansas City, KS 66101

(rev:1/20/93)

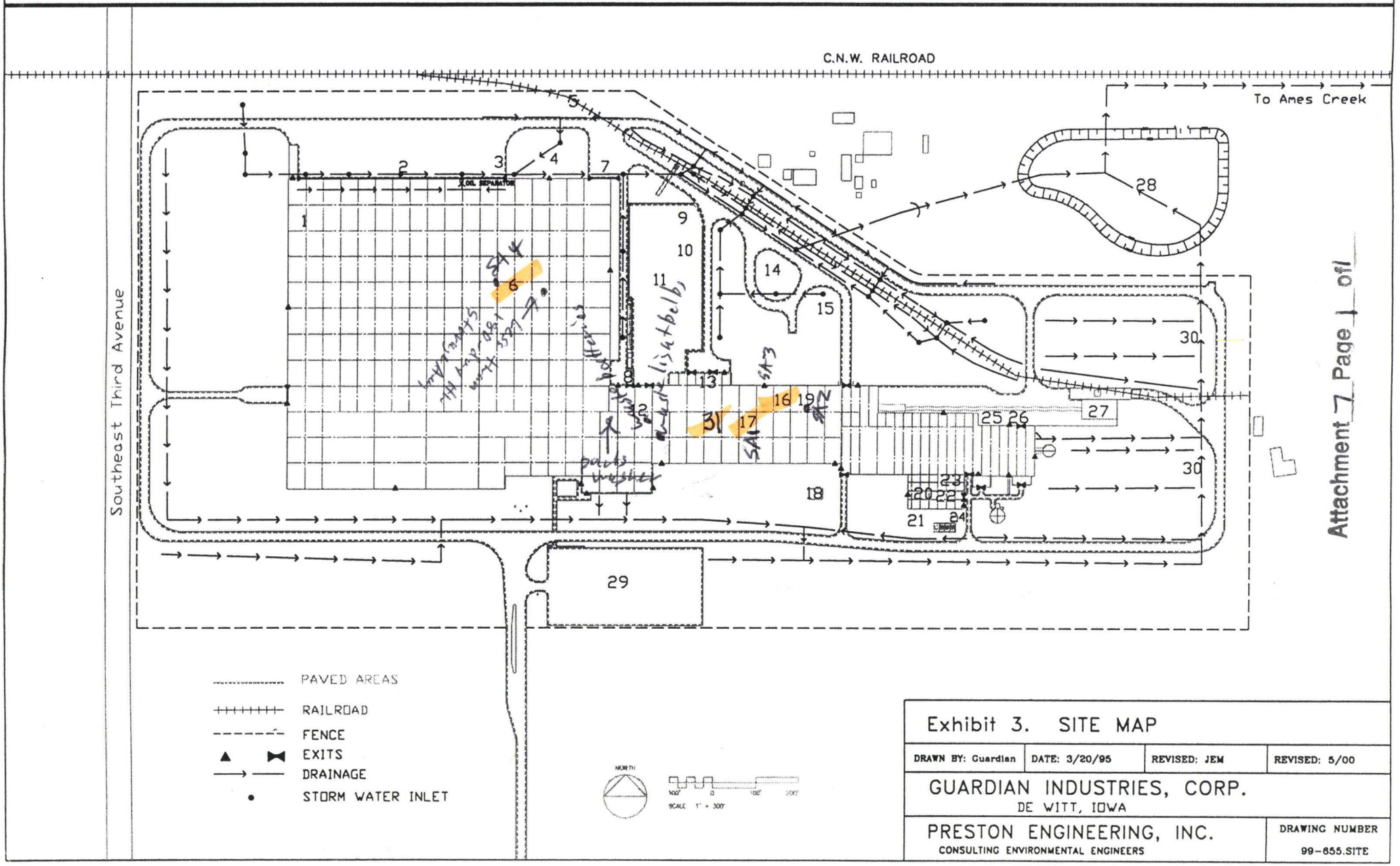
ATTACHMENT 7

FACILITY SITE PLAN

(One Page)

MATER[illegible] LOCATIONS

1. ROUGE & CHARCOAL STORAGE
2. LOADING AREA
3. TRASH COMPACTOR/ DUMPSTER
4. RACK STORAGE
5. R.R. MATERIAL DEPOSTION
6. MIRROR LINE HAZ. WASTE
7. WASTE WOOD DUMPSTER
8. PROPANE STORAGE
   2000-GAL MINERAL SPIRITS TANK
9. 500-GAL DIESEL FUEL TANK
   150-GAL GASOLINE FUEL TANK
10. MIRROR DUMPSTER
11. CULLET STORAGE
12. 200-GAL MINERAL SPIRITS TANK
13. TRANSFORMERS
14. HYDROGEN STORAGE
15. NITROGEN STORAGE
16. TEMP LINE HAZ WASTE
17. OIL/ USED OIL DRUM STORAGE
18. CAUSTIC SODA (NaOH)
19. SULFUR DIOXIDE IN USE
20. TRANSFORMERS
21. 5000-GAL DIESEL FUEL TANK
22. DIESEL GENERATORS
    100-GAL DIESEL FUEL TANK
    LIQUID CHLORINE/ BLEACH
23. WATER TREATMENT CHEMICALS
24. SULFURIC ACID TANK
    POTASSIUM HYDROXIDE TANK
25. SULFUR DIOXIDE STORAGE
26. REJECT BATCH BIN
27. BATCH HOUSE MIXERS
    RAW MATERIAL STORAGE SILOS
28. STORM WATER BASIN
29. PARKING LOT
30. EROSION
31. BATTERY & LIGHT STORAGE AREA



Attachment 7 Page 1 of 1

Exhibit 3. SITE MAP			
DRAWN BY: Guardian	DATE: 3/20/95	REVISED: JEM	REVISED: 5/00
GUARDIAN INDUSTRIES, CORP. DE WITT, IOWA			
PRESTON ENGINEERING, INC. CONSULTING ENVIRONMENTAL ENGINEERS			DRAWING NUMBER 99-655.SITE

ATTACHMENT 8

MATERIAL SAFETY DATA SHEETS

(18 Pages)

============== MATERIAL SAFETY DATA SHEET ==============

PAGE (1)

24 hour emergency
phone 412 456-7499

MSDS ID # ######100153

Original issue date: 06/15/84 Revised: 01/06/98 Prepared by: G B DUE CAS Number: NA

tempering loso paint

1.95376.0

1. IDENTIFICATION

Product Name: M 173 WHITE GLASS MARKING OFFSET INK (b) 10029-920
Other (c) NA (d) NA

Label: NA
DOT Instructions: NA
NA

2. INGREDIENTS AND HAZARDS

Ingredients	%	CAS NO.	PEL	TLV	HAZARD DATA
DIETHYLENE GLYCOL MONO BUTYL ETHER	>20.0	112-34-5	NA	NA	83 Combustible Liquid / Listed SARA Title III
DRAKENFELD 22 1369 WHITE		NA			
LEAD	29.8	NA	NA	.05 MG/M3	81 Poisonous if swallowed / Listed SARA Title III
CADMIUM	1.3	NA	0.1MG/M3	.2 MG/M3	81 Poisonous if swallowed / Listed SARA Title III

-61.5%

AS COMPOUND: TLV: NA

3. PHYSICAL DATA

Boiling Point (F) 450 (C) 233 Vap. Pres.(mm Hg) NA Spec. Grav. (H2O=1) NA Evap. Rate(BUTYL ACETATE=1) SLOWER
Freezing Point(F) NA (C) NA Vap. Dens.(AIR =1) HEAVIER Volitale by Wgt. 20 % Soluble in water? No
Carcinogen (Y/N) N VOC (grams/liter) 393 HMIS (H/F/R) 2/2/0
Appearance and Odor: White semi paste type ink slight gylcol ether odor

4. FIRE AND EXPLOSION HAZARD DATA LEL UEL

Flash Point (method used) >220 F T.C.C. Flammable Limits NA % NA % Auto-ignition Temp. NA
Extinguishing Med. 1119 SMALL FIRES: Dry chemical, CO 2, or alcohol foam
LARGE FIRES: Fog or alcohol foam
Special Procedure or 2002 CO2, dry chemical, and alcohol foam. Class B fire: Use blanketing effect to smother fire. Use of water may be ineffective in putting out fire; but it should be used to cool fire-exposed containers.
Unusual Hazard 3000 Container may explode in heat of fire.

##

SE 1 Matthews Int Corp. 6515 Penn Ave
Pittsburgh PA 15206 412 665-2500

MSDS ID # [illegible] Product: M 173 WHITE GLASS MARKING OFFSET INK PAGE (2)

5 HEALTH HAZARD DATA

Overexposure Symptoms and Effects 5302 Eyes: can cause irritation - Skin: may cause irritation - Inhalation: of mist can cause irritation of nasal and respiratory passages - Swallowing: can cause gastronintestinal irritation, nausea, vomiting and diarrhea
CHRONIC: Prolonged overexposure to Chromate compounds may present health hazards. Chromate compounds are reported to be potential carcinogens. Prolonged or repeated intake can result in lead poisioning Inhalation or ingestion could cause renal dysfunction, proteinu, anemia, emphysema. Exposure to decomposed material may result in inhalation of cadmium oxide fumes, suspected carcinogens.

Primary routes of entry 6185 Skin Absorption, Ingestion, Skin and/or Eye Contact.

EMERGENCY & FIRST AID PROCEDURES 7004 SKIN CONTACT: Wash area with soap and water. Immediately remove soiled cothing.
7001 EYE CONTACT; immediately flush with water for 15 minutes including under the eyelids. Get medical help.
7027 INGESTION: Give water to dilute. Induce vomiting.
7014 INHALATION: Remove to fresh air. If irritation persists, get medical help.
7020 INHALATION: Contact physician. Restore or support breathing, keep warm and at rest.

AGGRAVATED MEDICAL CONDITIONS NA

6. REACTIVITY DATA

Stable ? Yes Conditions to avoid NA
Incompatability (Material to avoid) Strong oxidizing agents
Acidity - hydrogen sulfide evolves and cadaium salts are produced

Hazardous Decomposition Products Thermal decompostion may produce carbon monoxide and carbon dioxide
Cadmium oxide

Hazardous Polymerization may occur No Condition to avoid NA

7. SPILL OR LEAK PROCEDURES CHEMTREC TELEPHONE # 800-424-9300 COAST GUARD TELEPHONE # 800-424-8802

Steps in case 8315 Shut off ignition sources; no flares, smoking or flames in hazard area. Do not touch spilled material. Small Spills: Flush area with flooding amounts of water. Large Spills: Wet down with water and dike for later disposal.

Materials released NA

Waste disposal method 9042 Waste material in containers can be deposited in an approved landfill in accordance with Federal, State, and local regulations.

8. SPECIAL PROTECTION INFORMATION

Respiratory: If TLV exceeded use of a NIOSH approved respirator is advised
Gloves: Neoprene Eye and Face: Chemical goggles or full face sheild
Other Protective Equipment: Equipment to prevent repeated or prolonged skin contact, wear impervious clothing and boots.
Ventilation: Provide sufficient mechanical ventilation to maintain exposure below TLV

Received 7/18/2001

M A T E R I A L S A F E T Y D A T A S H E E T

GRAY CURTAIN COAT MIRROR BACK

PAGE 17

PRODUCT NAME: GRAY CURTAIN COAT MIRROR BACK
PRODUCT CODE: 900X060

HMIS CODES: H F R P
3*3 0 H

========== SECTION I - MANUFACTURER IDENTIFICATION ==========

MANUFACTURER'S NAME: HILEMN,LLC
ADDRESS : 3125 SPRING GARDEN STREET
GREENSBORO, NORTH CAROLINA 27407

Mirror Paint

EMERGENCY PHONE : 800-424-9300
INFORMATION PHONE : 336-299-0835
NAME OF PREPARER : HILEMN, LLC

DATE PRINTED : 12/06/00

========== SECTION II - HAZARDOUS INGREDIENTS/SARA III INFORMATION ==========

REPORTABLE COMPONENTS	CAS NUMBER	VAPOR PRESSURE mm Hg @ TEMP		WEIGHT PERCENT
BUTYL ACETATE/N-BUTYL ACETATE OSHA PEL: 150ppm, ACGIH TLV: 150ppm, OTHER: 200ppmSTEL	123-86-4	10	68	
LIGHT AROMATIC SOLVENT OSHA PEL: 25ppm, ACGIH TLV: 25ppm	64742-95-6	4	77	
ISOBUTANOL/2-METHYL-1-PROPANOL OSHA PEL: 100ppm, ACGIH TLV: 50ppm, OTHER: 75ppmSTEL	78-83-1	9	68	
PETROLEUM HYDROCARBON NAPHTHA/3,UN1256,III OSHA PEL: 100ppm, ACGIH TLV: 100ppm	8052-41-3	2	68	
* LEAD SULFATE OSHA PEL: .05mg/M3, ACGIH TLV: .15mg/M3	7446-14-2			4.2
* 1,2,4-TRIMETHYLBENZENE OSHA PEL: 25ppm, ACGIH TLV: 25ppm	95-63-6	21	100	3
TITANIUM DIOXIDE ACGIH TLV: 10 mg/m3 OSHA PEL: 15 mg/m3; 5 mg/m3 Resp	13463-67-7			
TITANIUM DIOXIDE ACGIH TLV: 10 mg/m3 OSHA PEL: 15 mg/m3; 5 mg/m3 Resp	1317-80-2			
MAGNESIUM SILICATE HYDRATE ACGIH TWA: 2 mg/m3 respirable dust OSHA PEL: 2 mg/m3	14807-96-6			
* ZINC OXIDE	1314-13-2			2

Curtain Drums

Take Average % Lead Formula Load

WALSPAR HILEMN

Attachment 6 Page 3 of 16

MATERIAL SAFETY DATA SHEET

OSHA PEL: 5MG/M3, ACGIH TLV: 10MG/M3				
* LEAD CYANAMIDE	20837-86-9			1.4 % lead formula lead
OSHA PEL: .05kmg/M3, ACGIH TLV: .15mg/M3				
* ETHYLENE GLYCOL BUTYL ETHER / BUTOXYETHANOL	111-76-2	.6	68	1
OSHA PEL: 25ppm, ACGIH TLV: 25SKIN, OTHER: 75ppmSTEL				
CARBON BLACK	1333-86-4			0.3
OSHA PEL: 3.5mg/M3, ACGIH TLV: 3.5mg/M3				

* Indicates toxic chemical(s) subject to the reporting requirements of section 313 of Title III and of 40 CFR 372.

============= SECTION III - PHYSICAL/CHEMICAL CHARACTERISTICS ============

BOILING RANGE: 226 deg F - 336
SPECIFIC GRAVITY (H2O=1): 1.26
VAPOR DENSITY: Heavier than air
EVAPORATION RATE: Slower than ether
COATING V.O.C.: 4.30 lb/gl
MATERIAL V.O.C.: 4.30 lb/gl
SOLUBILITY IN WATER: Negligible
APPEARANCE AND ODOR: Opaque and/or viscous liquid with organic solvent odor.

============== SECTION IV - FIRE AND EXPLOSION HAZARD DATA =============

FLASH POINT: 81 deg F
METHOD USED: TCC
FLAMMABLE LIMITS IN AIR BY VOLUME- LOWER: .9
UPPER: 10.9

EXTINGUISHING MEDIA: Foam, alcohol foam, CO2, dry chemical, or water fog.

SPECIAL FIREFIGHTING PROCEDURES
Firefighters should wear self-contained breathing apparatus. Although water may be ineffective, a water fog may be used to cool closed containers that are exposed to heat.

UNUSUAL FIRE AND EXPLOSION HAZARDS
Pressure may build up in closed containers that are exposed to heat. Solvent vapors are heavier than air and may travel a considerable distance along the ground to an ignition source and flash back.

===================== SECTION V - REACTIVITY DATA =====================

STABILITY: Stable
CONDITIONS TO AVOID
None known

INCOMPATIBILITY (MATERIALS TO AVOID)

Strong oxidizing agents

HAZARDOUS DECOMPOSITION OR BYPRODUCTS
BY FIRE: Normal products of incomplete combustion.

HAZARDOUS POLYMERIZATION: Will not occur.

========== **SECTION VI - HEALTH HAZARD DATA** ==========

INHALATION HEALTH RISKS AND SYMPTOMS OF EXPOSURE
Dizziness, headache, nausea, shortness of breath, solvent taste in the mouth, narcosis, euphoria, or unconsciousness.

SKIN AND EYE CONTACT HEALTH RISKS AND SYMPTOMS OF EXPOSURE
Burning sensation with reddening of the eyes, irritation, rash, or burning sensation on the skin in unprotected areas.

SKIN ABSORPTION HEALTH RISKS AND SYMPTOMS OF EXPOSURE
Prolonged or repeated unprotected skin contact may cause defatting, drying of the skin, or dermatitis.

INGESTION HEALTH RISKS AND SYMPTOMS OF EXPOSURE
Gastrointestinal distress with sysmtoms of systemic poisoning.

HEALTH HAZARDS (ACUTE AND CHRONIC)
ACUTE: Shortness of breath, burning sensation of respiratory passages, nausea, headache and increased proneness to accident.
CHRONIC: Narcosis, kidney and liver disfunction with possible central nervous system effects.

CARCINOGENICITY: NTP CARCINOGEN: Yes **IARC MONOGRAPHS:** Yes **OSHA REGULATED:** Yes
CALIFORNIA PROPOSITION 65 STATEMENT: Check Section II of this MSDS for hazardous ingredients whose name contains the characters [65]. These ingredients are listed or have trace components that are listed on California Propisition 65 lists.

MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE
Respiratory difficulty or pre-existing skin sensitization.

EMERGENCY AND FIRST AID PROCEDURES
FOR EYES: Flush with plenty of clean flowing water for at least 15 minutes and get medical attention. FOR SKIN: Wash affected areas with plenty of warm soapy water. Launder contaminated clothing and shoes before reuse. IF AFFECTED BY INHALATION OF VAPORS: Remove to fresh air. Give oxygen if breathing is difficult. Administer artificial respiration if breathing has stopped. IF SWALLOWED: Call a physician immediately.

Do NOT induce vomiting. Never give anything by mouth to an unconscious person.

========== SECTION VII - PRECAUTIONS FOR SAFE HANDLING AND USE ==========

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
Provide adequate ventilation. Remove all possible ignition sources. Absorb with inert absorbant and dispose in accordance with local regulations for ignitable hazardous waste.

WASTE DISPOSAL METHOD
Dispose in accordance with local regulations for ignitable hazardous waste.

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING
Store in a cool dry place. Outside or detached storage is preferrable. Inside storage should be in a standard flammable liquid storage room or cabinet. Ground containers when transferring liquid from one metal container to another. Do not reuse empty product container for any purpose.

OTHER PRECAUTIONS
If a second component is added to this product, or if any additives or thinners are introduced into this product, read all product labels and all Material Safety Data Sheets prior to use.

========== SECTION VIII - CONTROL MEASURES ==========

RESPIRATORY PROTECTION
Combination vapor-particulate respirator for use in solvent-containing environmets is recommended, if ventilation is inadequate. If over-exposure is possible, use Air Supplied Respirator.

VENTILATION
Local ventilation should be sufficient to reduce airborne vapor concentrations to below LEL and TLV to be considered adequate.

PROTECTIVE GLOVES
Recommended where skin contact is likely. Use solvent resistant gloves such as nitrite rubber.

EYE PROTECTION
Chemical splash goggles are highly recommended, particularly when potential for splashing into the eyes is high.

OTHER PROTECTIVE CLOTHING OR EQUIPMENT
Solvent resistant clothing is recommended as needed to avoid skin contact.

WORK/HYGIENIC PRACTICES

Wash hands thoroughly after handling product and before smoking or eating.

SECTION IX - DISCLAIMER

The recommendations provided herein are based on information believed to be accurate. None of the information stated is to be construed as any express warranty. This product is intended for industry use only and should only be used by professionals who have carefully evaluated this product.

SAFETY-KLEEN PREMIUM SOLVENT
SAFETY-KLEEN PREMIUM GOLD SOLVENT

MATERIAL SAFETY DATA SHEET FOR USA AND CANADA

SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: **SAFETY-KLEEN PREMIUM SOLVENT**
SAFETY-KLEEN PREMIUM GOLD SOLVENT

SYNONYMS: Parts Washer Solvent; Petroleum Distillates; Petroleum Naptha, Naptha, Solvent; Stoddard Solvent; Mineral Spirits.

PRODUCT PART NUMBERS: 6605, 6638.

PRODUCT USE: Cleaning and degreasing metal parts.
If these products are used in combination with other products, refer to the Material Safety Data Sheets for those products.

	24-HOUR EMERGENCY PHONE NUMBERS	
These numbers are for emergency use only. If you desire non-emergency product information, please call a phone number listed below.	**MEDICAL:** **1-800-752-7869 Extension 2** **or** **1-312-906-6194**	**TRANSPORTATION (SPILL):** **1-800-468-1760 (USA)** **1-613-996-6666 (CANADA) (call collect)**

SUPPLIER: Safety-Kleen Corp.
1301 Gervais Street, Suite 300
Columbia, SC 29201
USA
1-803-933-4200

TECHNICAL INFORMATION **1-800-669-5740, Extension 7500**

MSDS FORM NUMBER: 82658 (Also formerly known as 82529) **ISSUE:** March 24, 2000

ORIGINAL ISSUE: January 26, 1995 (Also formerly January 7, 1993) **SUPERSEDES:** April 4, 1997

PREPARED BY: Product MSDS Coordinator **APPROVED BY:** MSDS Task Force

SECTION 2: COMPOSITION/INFORMATION ON INGREDIENTS

				OSHA PEL		ACGIH TLV®			
WT%	NAME	SYNONYM	CAS NO	TWA	STEL	TWA	STEL	LD[a]	LC[b]
100	Distillates (petroleum) hydrotreated light[e]	N Av	64742-47-8	500[d] ppm	N Av	100[d] ppm	N Av	>5000[c]	>5500[d] mg/m^3/4 hours

N Av = Not Available
[a]Oral-Rat LD (mg/kg)
[b]Inhalation-Rat LC
[c]Based on Stoddard solvent Skin-Rabbit LD_{50} >3000 mg/kg
[d]Based on Stoddard Solvent
[e]Based on Stoddard Solvent NIOSH IDLH (Immediately Dangerous to Life or Health) 20000 mg/m^3 (5000 ppm)

SECTION 3: HAZARDS IDENTIFICATION

APPEARANCE
Liquid, clear, colorless to pale yellow, mild hydrocarbon odor.

WARNING!

PHYSICAL HAZARD
Combustible liquid and vapor.

HEALTH HAZARDS
May be harmful if inhaled
May irritate eyes and skin
May be harmful if swallowed.
Contains material which may cause central nervous system damage.

ENVIRONMENTAL HAZARDS
Not toxic to aquatic life.

POTENTIAL HEALTH EFFECTS

INHALATION (BREATHING): High concentrations of vapor or mist may be harmful if inhaled. High concentrations of vapor or mist may irritate the respiratory tract (nose, throat, and lungs). High concentrations of vapor or mist may cause nausea, vomiting, headaches, dizziness, loss of coordination, numbness, and other central nervous system effects. Massive acute overexposure may cause rapid central nervous system depression, sudden collapse, coma, and/or death.

EYES: May cause irritation with watering, stinging, and/or redness.

SKIN: May cause irritation. Not likely to be absorbed through the skin in harmful amounts.

INGESTION (SWALLOWING): May be harmful if swallowed. May cause throat irritation, nausea, vomiting, and central nervous system effects as noted under **INHALATION (BREATHING)** Breathing product into the lungs during ingestion or vomiting may cause lung injury and possible death

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: Individuals with pre-existing respiratory tract (nose, throat, and lungs), central nervous system, eye, and/or skin disorders may have increased susceptibility to the effects of exposure

CHRONIC: Prolonged or repeated inhalation may cause toxic effects as noted under **INHALATION (BREATHING)**. Prolonged or repeated inhalation and/or ingestion has been suggested to produce kidney toxicity in dogs but in no other species, including humans. According to one unsubstantiated human case report, prolonged or repeated inhalation, skin contact, and/or ingestion may cause mild, acute chemical hepatitis and acute, yellow atrophy (size reduction) of the liver. Prolonged or repeated eye contact may cause inflammation of the membrane lining the eyelids and covering the eyeball (conjunctivitis). Prolonged or repeated skin contact may cause drying, cracking, redness, itching, and/or swelling (dermatitis), and/or burns.

CANCER INFORMATION: No known carcinogenicity. For more information, see **SECTION 11: CARCINOGENICITY**

Also see **SECTION 15: CALIFORNIA**.

POTENTIAL ENVIRONMENTAL EFFECTS
Product is not toxic to aquatic life. Also see **SECTION 12: ECOLOGICAL INFORMATION**

SECTION 4: FIRST AID MEASURES

INHALATION: (BREATHING) Remove to fresh air If not breathing, give artificial respiration If breathing is difficult, give oxygen. Oxygen should only be administered by qualified personnel Someone should stay with victim. Get medical attention if breathing difficulty persists

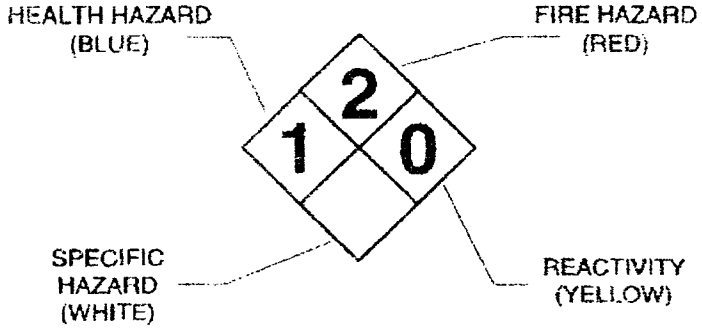
EYES: If irritation or redness from exposure to vapor develops, move away from exposure into fresh air Upon contact, immediately flush eyes with plenty of lukewarm water, holding eyelids apart, for 15 minutes. Get medical attention.

SKIN: Remove affected clothing and shoes. Wash skin thoroughly with soap and water. Get medical attention if irritation or pain develops or persists.

INGESTION: (SWALLOWING)	Do NOT induce vomiting Immediately get medical attention Call 1-800-752-7869, extension 2 or 1-312-906-6194 for additional information. If spontaneous vomiting occurs, keep head below hips to avoid breathing the product into the lungs. Never give anything to an unconscious person by mouth
NOTE TO PHYSICIANS:	Treat symptomatically and supportively Administration of gastric lavage, if warranted, should be performed by qualified medical personnel. Treatment may vary with condition of victim and specifics of incident Call 1-800-752-7869, extension 2 or 1-312-906-6194 for additional information

SECTION 5: FIRE FIGHTING MEASURES

FLASH POINT:	148°F (64°C) (approximately) Tag Closed Cup
FLAMMABLE LIMITS IN AIR:	**LOWER:** 0.7 VOL% (minimum) **UPPER:** 5 VOL% (maximum)
AUTOIGNITION TEMPERATURE:	410°F (210°C) (minimum)
HAZARDOUS COMBUSTION PRODUCTS:	Decomposition and combustion materials may be toxic. Burning may produce carbon monoxide and unidentified organic compounds.
CONDITIONS OF FLAMMABILITY:	Heat, sparks, or flame.
EXTINGUISHING MEDIA:	Carbon dioxide, regular foam, dry chemical, water spray, or water fog.
NFPA 704 HAZARD IDENTIFICATION:	This information is intended solely for the use by individuals trained in this system



FIRE FIGHTING INSTRUCTIONS:	Keep storage containers cool with water spray A positive-pressure, self-contained breathing apparatus (SCBA) and full-body protective equipment are required for fire emergencies
FIRE AND EXPLOSION HAZARDS:	Vapor explosion hazard indoors, outdoors, or in sewers Vapors may travel to ignition source and flashback Vapors will spread along the ground and collect in low or confined areas. Run-off to sewer may create a fire hazard Heated containers may rupture. "Empty" containers may retain residue and can be dangerous. Not sensitive to mechanical impact Product may be sensitive to static discharge, which could result in fire or explosion

SECTION 6: ACCIDENTAL RELEASE MEASURES

Remove all ignition sources. Do not touch or walk through spilled product. Stop leak if you can do it without risk Wear protective equipment and provide engineering controls as specified in **SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION**. Isolate hazard area Keep unnecessary and unprotected personnel from entering. Ventilate area and avoid breathing vapor or mist. A vapor suppressing foam may be used to reduce vapors Contain spill away from surface waters and sewers. Contain spill as a liquid for possible recovery or sorb with compatible sorbent material and shovel with a clean, sparkproof tool into a sealable container for disposal.

Additionally, for large spills. Water spray may reduce vapor, but may not prevent ignition in closed spaces. Dike far ahead of liquid spill for collection and later disposal.

SECTION 7: HANDLING AND STORAGE

HANDLING:	Keep away from heat, sparks, or flame. Where flammable mixtures may be present, equipment safe for such locations should be used. Use clean, sparkproof tools and explosion-proof equipment. When transferring product, metal containers, including trucks and tank cars, should be grounded and bonded. Do not breathe vapor or mist. Use in a well ventilated area. Avoid contact with eyes, skin, clothing, and shoes Do not smoke while using these products.
SHIPPING AND STORING:	Keep container tightly closed when not in use and during transport Do not pressurize, cut, weld, braze, solder, drill, or grind containers. Keep containers away from heat, flame, sparks, static electricity, or other sources of ignition. Empty product containers may retain product residue and can be dangerous. See **SECTION 14: TRANSPORT INFORMATION** for Packing Group information.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

ENGINEERING CONTROLS: Provide general ventilation needed to maintain concentration of vapor or mist below applicable exposure limits. Where adequate general ventilation is unavailable, use process enclosures, local exhaust ventilation, or other engineering controls to control airborne levels below recommended exposure limits. Where explosive mixtures may be present, equipment safe for such locations should be used.

PERSONAL PROTECTIVE EQUIPMENT

RESPIRATORY PROTECTION: Use NIOSH-certified, air-purifying respirators with organic vapor cartridges respiratory protective equipment when concentration of vapor or mist exceeds applicable exposure limits. Protection provided by air-purifying respirators is limited. Selection and use of respiratory protective equipment should be in accordance in the USA with OSHA General Industry Standard 29 CFR 1910 134; or in Canada with CSA Standard Z94.4.

EYE PROTECTION: Where eye contact is likely, wear chemical goggles, contact lens use is not recommended.

SKIN PROTECTION: Where skin contact is likely, wear nitrile, supported neoprene, Viton®, polyvinyl alcohol (PVA), laminate (such as North Silver Shield®, Safety 4 4h®, Ansell Edmont Barrier®), or equivalent protective gloves; use of polyvinyl chloride (PVC), natural rubber (latex), or equivalent gloves is not recommended

To avoid prolonged or repeated contact where spills and splashes are likely, wear appropriate chemical-resistant faceshield, boots, apron, whole body suits, or other protective clothing.

PERSONAL HYGIENE: Use good personal hygiene. Wash thoroughly with soap and water after handling product and before eating, drinking, or using tobacco products. Clean affected clothing, shoes, and protective equipment before reuse Discard affected clothing, shoes, or protective equipment if they cannot be thoroughly cleaned. Discard leather articles, such as shoes, saturated with the product.

OTHER PROTECTIVE EQUIPMENT: Where spills and splashes are likely, facilities storing or using this product should be equipped with an emergency eyewash and shower, both equipped with clean water, in the immediate work area.

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL STATE, APPEARANCE, AND ODOR:	Liquid, clear, colorless to pale yellow, mild hydrocarbon odor
ODOR THRESHOLD:	30 ppm (based on Stoddard Solvent)
MOLECULAR WEIGHT:	Not available.
SPECIFIC GRAVITY:	0 78 to 0.82 at 60°F/60°F (15.6°C/15 6°C) (water = 1)
DENSITY:	6.5 to 6.8 LB/US gal (780 to 820 g/l)
VAPOR DENSITY:	5 (air = 1) (approximately)
VAPOR PRESSURE:	0.2 mm Hg at 68°F (20°C) (approximately) 0.6 mm Hg at 100°F (38°C) (approximately)
BOILING POINT:	350°F (177°C) (initial)
FREEZING/MELTING POINT:	-45°F (-43°C) (maximum)
pH:	Not applicable.
EVAPORATION RATE:	0.1 (butyl acetate = 1) (based on Stoddard Solvent)
SOLUBILITY IN WATER:	Insoluble.
FLASH POINT:	148°F (64°C) (approximately) Tag Closed Cup
FLAMMABLE LIMITS IN AIR:	**LOWER:** 0.7 VOL% (minimum) **UPPER:** 5 VOL% (maximum)
AUTOIGNITION TEMPERATURE:	410°F (210°C) (minimum)

SECTION 10: STABILITY AND REACTIVITY

STABILITY:	Stable under normal temperatures and pressures. Avoid heat, sparks, or flame
INCOMPATIBILITY:	Avoid acids, alkalies, oxidizing agents, reducing agents, or reactive halogens.

REACTIVITY:	Polymerization is not known to occur under normal temperatures and pressures Not reactive with water.
HAZARDOUS DECOMPOSITION PRODUCTS:	None under normal temperatures and pressures See also **SECTION 5: HAZARDOUS COMBUSTION PRODUCTS**

SECTION 11: TOXICOLOGICAL INFORMATION

SENSITIZATION:	Based on best current information, there is no known human sensitization associated with these products.
MUTAGENICITY:	Based on best current information, there is no known mutagenicity associated with these products.
CARCINOGENICITY:	Based on best current information, there is no known carcinogenicity as regulated by OSHA, as categorized by ACGIH A1 or A2 substances; as categorized by IARC Group 1, Group 2A, or Group 2B agents; or as listed by NTP as either known carcinogens or substances for which there is limited evidence of carcinogenicity in humans or sufficient evidence of carcinogenicity in experimental animals Also see **SECTION 15: CALIFORNIA.**
REPRODUCTIVE TOXICITY:	Based on best current information, there is no known reproductive toxicity associated with these products. Also see **SECTION 15: CALIFORNIA.**
TERATOGENICITY:	Based on best current information, there is no known teratogenicity associated with these products
TOXICOLOGICALLY SYNERGISTIC PRODUCT(S):	Based on best current information, there are no known toxicologically synergistic products associated with these products.

SECTION 12: ECOLOGICAL INFORMATION

ECOTOXICITY:	A Static Acute Bioassay as per the California Department of Fish and Game WPCL, was done using fathead minnows, and up to 750 ppm of the products in water. The material passed the bioassay with only 1 out of 10 minnows dying. To fail the bioassay, more than 40% of the fish would die in 750 ppm.

OCTANOL/WATER PARTITION COEFFICIENT: Not available.

VOLATILE ORGANIC COMPOUNDS: 100 WT%; 6.5 to 6.8 LB/US gal, 780 to 820 g/l
As per 40 CFR Part 51 100(s)

SECTION 13: DISPOSAL CONSIDERATIONS

DISPOSAL: Dispose in accordance with federal, state, provincial, and local regulations Regulations may also apply to empty containers. The responsibility for proper waste disposal lies with the owner of the waste. Contact Safety-Kleen regarding recycling or proper disposal.

USEPA WASTE CODE(S): Not regulated.
Based on available data, this information applies to the product as supplied to the user. Processing, use, or contamination by the user may change the waste code(s) applicable to the disposal of these products

SECTION 14: TRANSPORT INFORMATION

DOT: COMBUSTIBLE LIQUID, N O.S. (PETROLEUM NAPHTHA), NA1993, PG III

TDG: Not regulated.

EMERGENCY RESPONSE GUIDE NUMBER: 128
Reference *North American Emergency Response Guidebook*

SECTION 15: REGULATORY INFORMATION

USA REGULATIONS

SARA SECTIONS 302 AND 304: Based on the ingredient listed in **SECTION 2**, these products do not contain any "extremely hazardous substances" listed pursuant to Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA) Section 302 or Section 304 as identified in 40 CFR Part 355, Appendix A and B.

SARA SECTIONS 311 AND 312: These products pose the following physical and health hazards as defined in 40 CFR Part 370 and are subject to the requirements of sections 311 and 312 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA).

Immediate (Acute) Health Hazard
Delayed (Chronic) Health Hazard
Fire Hazard

SARA SECTION 313:	These products do not contain toxic chemicals subject to the requirements of section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA) and 40 CFR Part 372
CERCLA:	Based on the ingredient listed in **SECTION 2,** these products do not contain any "hazardous substance" listed pursuant to the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA) in 40 CFR Part 302, Table 302 4
TSCA:	All the components of these products are listed on the TSCA Inventory.
CALIFORNIA:	These products may contain detectable amounts of benzene CAS 71-43-2 (at or below 0 4 mg/L) and p-dichlorobenzene CAS 106-46-7 (at or below 5 mg/L) WARNING These chemicals are known to the State of California to cause cancer. These products may contain detectable amounts of benzene CAS 71-43-2 (at or below 0.4 mg/L) and toluene CAS 108-88-3 (at or below 30 mg/L). WARNING: These chemicals are known to the State of California to cause birth defects or other reproductive harm

CANADIAN REGULATIONS

These products have been classified in accordance with the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all the information required by the CPR.

WHMIS:	B3, D2B
CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA):	All the components of these products are listed on the Canadian Domestic Substances List (DSL).

SECTION 16: OTHER INFORMATION

REVISION INFORMATION: Revised format *This MSDS has been revised in the following sections:*
SECTION 1: added SAFETY-KLEEN PREMIUM SOLVENT product
SECTION 3: Emergency Overview, Inhalation, Chronic
SECTION 4: Ingestion
SECTION 5: Upper Flammable Limit, Autoignition Temperature
SECTION 8: Skin Protection
SECTION 9: Molecular Weight
SECTION 12: Ecotoxicity

LABEL/OTHER INFORMATION: These products are United States Department of Agriculture (USDA) approved and Underwriter's Laboratories (UL) classified.

WE CARE.

ATTACHMENT 9

ANALYTICAL TESTING REPORT

(16 Pages)

SPECIALIZED ASSAYS, INC.
2960 Foster Creighton Dr.
P.O. Box 40566
Nashville, TN 37204-0566
Phone 1-615-726-0177

Wastewater treatment filter press cake

ANALYTICAL REPORT

NST ENVIRONMENTAL 7471
STEVE GROTHUS
1640 MARLO AVE.
DAVENPORT, IA 52803

Lab Number: 99-A42244
Sample ID: #1
Sample Type: Solid waste
Site ID:

Date Collected: 3/ 9/99
Time Collected: 14:40
Date Received: 3/11/99
Time Received: 9:00

Project: 1,2,3,4
Project Name: GUARDIAN GLASS
Sampler: J. DUFFY

Analyte	Result	Units	Report Limit	Quan Limit	Dil Factor	Date	Time	Analyst	Method	Batch
METALS										
Copper	40100	mg/kg	100.	1.00	100	3/30/99	12:27	R. Kelley	6010B	8273
Iron	279000	mg/kg	1000	10.0	100	3/30/99	12:27	R. Kelley	6010B	8273

TCLP Results

Analyte	Result	Units	Reg Limit	Matrix Spike Recovery (%)	Date	Time	Analyst	Method
Arsenic	< 0.10	mg/l	5.0	108	3/31/99	8:15	R. Kelley	6010B
Barium	< 1.00	mg/l	100	98	3/31/99	8:15	R. Kelley	6010B
Cadmium	< 0.100	mg/l	1.0	99	3/31/99	8:15	R. Kelley	6010B
Chromium	< 0.50	mg/l	5.0	101	3/31/99	8:15	R. Kelley	6010B
Lead	< 0.50	mg/l	5.0	100	3/31/99	8:15	R. Kelley	6010B
Mercury	< 0.010	mg/l	0.20	104	4/ 2/99	6:58	G.Robinson	7470A
Selenium	< 0.100	mg/l	1.0	110	3/31/99	8:15	R. Kelley	6010B
Silver	< 0.10	mg/l	5.0	102	3/31/99	8:15	R. Kelley	6010B
Benzene	< 0.10	mg/l	0.5	109	3/26/99	18:40	R.Ward	8260
Carbon tetrachloride	< 0.10	mg/l	0.5	101	3/26/99	18:40	R.Ward	8260
Chlorobenzene	< 0.10	mg/l	100	107	3/26/99	18:40	R.Ward	8260
Chloroform	< 0.100	mg/l	6.0	106	3/26/99	18:40	R.Ward	8260
1,2-Dichloroethane	< 0.10	mg/l	0.5	103	3/26/99	18:40	R.Ward	8260
1,1-Dichloroethene	< 0.10	mg/l	0.7	107	3/26/99	18:40	R.Ward	8260
Methylethylketone	< 1.0	mg/l	200	106	3/26/99	18:40	R.Ward	8260
Tetrachloroethene	< 0.10	mg/l	0.7	101	3/26/99	18:40	R.Ward	8260
Trichloroethene	< 0.10	mg/l	0.5	109	3/26/99	18:40	R.Ward	8260
Vinyl Chloride	< 0.10	mg/l	0.2	107	3/26/99	18:40	R.Ward	8260
Cresols	< 0.10	mg/l	200	96	3/31/99	17:50	M.Goodrich	8270
1,4-Dichlorobenzene	< 0.10	mg/l	7.5	99	3/31/99	17:50	M.Goodrich	8270
2,4-Dinitrotoluene	< 0.10	mg/l	0.13	76	3/31/99	17:50	M.Goodrich	8270
Hexachlorobenzene	< 0.10	mg/l	0.13	50	3/31/99	17:50	M.Goodrich	8270
Hexachlor-1,3-butadien	< 0.10	mg/l	0.5	74	3/31/99	17:50	M.Goodrich	8270
Hexachloroethane	< 0.10	mg/l	3.0	98	3/31/99	17:50	M.Goodrich	8270
Nitrobenzene	< 0.10	mg/l	2.0	88	3/31/99	17:50	M.Goodrich	8270
Pentachlorophenol	< 0.10	mg/l	100	102	3/31/99	17:50	M.Goodrich	8270
Pyridine	< 0.10	mg/l	5.0	42	3/31/99	17:50	M.Goodrich	8270

SPECIALIZED
ASSAYS, INC.
2960 Foster Creighton Dr.
P.O. Box 40566
Nashville, TN 37204-0566
Phone 1-615-726-0177

ANALYTICAL REPORT

Laboratory Number: 99-A42244
Sample ID: #1

TCLP Results

Analyte	Result	Units	Reg Limit	Matrix Spike Recovery (%)	Date	Time	Analyst	Method
2,4,5-Trichlorophenol	< 0.10	mg/l	400	38	3/31/99	17:50	M.Goodrich	8270
2,4,6-Trichlorophenol	< 0.10	mg/l	2.0	96	3/31/99	17:50	M.Goodrich	8270
TCLP Extraction	Completed				3/25/99	16:00	Schweikert	1311
Zero Headspace Extraction	Completed				3/25/99	16:00	Schweikert	1311

ND = Not detected at the report limit.

TCLP prepartion follows method 1311, SW-846 Revision 3.

Surrogate	% Recovery	Target Range
VOA Surrogate, 1,2-Dichloroethane, d4	114.	60. - 138.
BA Surrogate, Toluene d8	92.	80. - 123.
VOA Surrogate, 4-Bromofluorobenzene	78.	73. - 122.
surr-Nitrobenzene-d5	92.	15. - 105.
surr-2-Fluorobiphenyl	91.	17. - 110.
surr-Terphenyl d14	110.	10. - 116.
surr-Phenol d5	80.	10. - 100.
surr-2-Fluorophenol	122. #	9. - 100.
surr-2,4,6-Tribromophenol	108.	15. - 134.

Surrogate elevated due to sample matrix.

Report Approved By: _____ Report Date: 4/ 2/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Russell Morgan, Technical Services

Laboratory Certification Number: 131

COPY 2

SPECIALIZED ASSAYS, INC.
2960 Foster Creighton Dr.
P.O. Box 40566
Nashville, TN 37204-0566
Phone 1-615-726-0177

ANALYTICAL REPORT

NST ENVIRONMENTAL 7471

1640 MARLO AVE.
DAVENPORT, IA 52803

Project: 1,2,3,4
Project Name: GUARDIAN GLASS
Sampler: J. DUFFY

Lab Number: 99-A34091
Sample ID: #1
Sample Type: Solid waste
Site ID:

Date Collected: 3/ 9/99
Time Collected: 14:40
Date Received: 3/11/99
Time Received: 9:00

Analyte	Result	Units	Report Limit	Quan Limit	Dil Factor	Date	Time	Analyst	Method	Batch
GENERAL CHEMISTRY PARAMETERS										
pH	8.50	units			1	3/11/99	16:06	Schweikert	9045	9630
Cyanide	ND	mg/kg	2.00	2.00	1	3/15/99	8:15	J.Temple	9012A	1193
Paint Filter Test	NO FREE LIQUIDS					3/12/99	13:45	Mcfarland	9095	449
Sulfide	ND	mg/kg	5.00	5.00	1	3/16/99	9:15	J.Temple	9030A/9034	1763
Flash Point, Closed Cup	NO FLASH UP TO 200F					3/13/99	13:10	S.Breuer	1010	9572

ND = Not detected at the report limit.

Flash point/ignitability reported to the nearest 10 deg F.

Report Approved By: _____ Report Date: 3/17/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Russell Morgan, Technical Services

Laboratory Certification Number: 131

SPECIALIZED ASSAYS, INC.
2960 Foster Creighton Dr.
P.O. Box 40566
Nashville, TN 37204-0566
Phone 1-615-726-0177

ANALYTICAL REPORT

NST ENVIRONMENTAL 7471
STEVE GROTHUS
1640 MARLO AVE.
DAVENPORT, IA 52803

Project: GUARDIAN CLASS
Project Name:
Sampler: JEFF DUFFY

Lab Number: 99-A112257
Sample ID: #1
Sample Type: Soil
Site ID:

Date Collected: 7/27/99
Time Collected: 12:35
Date Received: 7/28/99
Time Received: 9:00

Analyte	Result	Units	Report Limit	Quan Limit	Dil Factor	Date	Time	Analyst	Method	Batch
GENERAL CHEMISTRY PARAMETERS										
Phenolics	ND	mg/kg	0.500	0.500	1	7/30/99	7:45	J.Temple	9065M	4308

ND = Not detected at the report limit.

Report Approved By: _____ Report Date: 8/ 3/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Gail A Lage, Technical Services

Laboratory Certification Number: 131

SPECIALIZED ASSAYS, INC.
2960 Foster Creighton Dr.
P.O. Box 40566
Nashville, TN 37204-0566
Phone 1-615-726-0177

ANALYTICAL REPORT

NST ENVIRONMENTAL 7471
STEVE GROTHUS
1640 MARLO AVE.
DAVENPORT, IA 52803

Lab Number: 99-A42245
Sample ID: #2
Sample Type: Solid waste
Site ID:

Date Collected: 3/ 9/99
Time Collected: 14:20
Date Received: 3/11/99
Time Received: 9:00

Project: 1,2,3,4
Project Name: GUARDIAN GLASS
Sampler: J. DUFFY

TCLP Results

Analyte	Result	Units	Reg Limit	Matrix Spike Recovery (%)	Date	Time	Analyst	Method
Arsenic	3.90	mg/l	5.0	108	3/31/99	8:15	R. Kelley	6010B
Barium	9.10	mg/l	100	98	3/31/99	8:15	R. Kelley	6010B
Cadmium	< 0.100	mg/l	1.0	99	3/31/99	8:15	R. Kelley	6010B
Chromium	< 0.50	mg/l	5.0	101	3/31/99	8:15	R. Kelley	6010B
Lead	< 0.50	mg/l	5.0	100	3/31/99	8:15	R. Kelley	6010B
Mercury	< 0.010	mg/l	0.20	104	4/ 2/99	6:58	G.Robinson	7470A
Selenium	< 0.100	mg/l	1.0	110	3/31/99	8:15	R. Kelley	6010B
Silver	< 0.10	mg/l	5.0	102	3/31/99	8:15	R. Kelley	6010B
Benzene	< 0.10	mg/l	0.5	128	3/26/99	18:40	R.Ward	8260
Carbon tetrachloride	< 0.10	mg/l	0.5	103	3/26/99	18:40	R.Ward	8260
Chlorobenzene	< 0.10	mg/l	100	96	3/26/99	18:40	R.Ward	8260
Chloroform	< 0.100	mg/l	6.0	101	3/26/99	18:40	R.Ward	8260
1,2-Dichloroethane	< 0.10	mg/l	0.5	96	3/26/99	18:40	R.Ward	8260
1,1-Dichloroethene	< 0.10	mg/l	0.7	107	3/26/99	18:40	R.Ward	8260
Methylethylketone	< 1.0	mg/l	200	113	3/26/99	18:40	R.Ward	8260
Tetrachloroethene	< 0.10	mg/l	0.7	92	3/26/99	18:40	R.Ward	8260
Trichloroethene	< 0.10	mg/l	0.5	103	3/26/99	18:40	R.Ward	8260
Vinyl Chloride	< 0.10	mg/l	0.2	103	3/26/99	18:40	R.Ward	8260
Cresols	< 0.10	mg/l	200	114	3/31/99	17:50	M.Goodrich	8270
1,4-Dichlorobenzene	< 0.10	mg/l	7.5	62	3/31/99	17:50	M.Goodrich	8270
2,4-Dinitrotoluene	< 0.10	mg/l	0.13	80	3/31/99	17:50	M.Goodrich	8270
Hexachlorobenzene	< 0.10	mg/l	0.13	27	3/31/99	17:50	M.Goodrich	8270
Hexchlor-1,3-butadien	< 0.10	mg/l	0.5	64	3/31/99	17:50	M.Goodrich	8270
Hexachloroethane	< 0.10	mg/l	3.0	48	3/31/99	17:50	M.Goodrich	8270
Nitrobenzene	< 0.10	mg/l	2.0	72	3/31/99	17:50	M.Goodrich	8270
Pentachlorophenol	< 0.10	mg/l	100	72	3/31/99	17:50	M.Goodrich	8270
Pyridine	< 0.10	mg/l	5.0	39	3/31/99	17:50	M.Goodrich	8270
2,4,5-Trichlorophenol	< 0.10	mg/l	400	80	3/31/99	17:50	M.Goodrich	8270
2,4,6-Trichlorophenol	< 0.10	mg/l	2.0	80	3/31/99	17:50	M.Goodrich	8270
TCLP Extraction	Completed				3/25/99	16:00	Schweikert	1311
Zero Headspace Extraction	Completed				3/25/99	16:00	Schweikert	1311

D = Not detected at the report limit.

TCLP prepartion follows method 1311, SW-846 Revision 3.

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ANALYTICAL REPORT

NST ENVIRONMENTAL 7471

1640 MARLO AVE.
DAVENPORT, IA 52803

Project: 1,2,3,4
Project Name: GUARDIAN GLASS
Sampler: J. DUFFY

Lab Number: 99-A34092
Sample ID: #2
Sample Type: Solid waste
Site ID:

Date Collected: 3/ 9/99
Time Collected: 14:20
Date Received: 3/11/99
Time Received: 9:00

Analyte	Result	Units	Report Limit	Quan Limit	Dil Factor	Date	Time	Analyst	Method	Batch
GENERAL CHEMISTRY PARAMETERS										
pH	7.50	units			1	3/11/99	16:06	Schweikert	9045	9630
Cyanide	ND	mg/kg	2.00	2.00	1	3/15/99	8:15	J.Temple	9012A	1193
Paint Filter Test	NO FREE LIQUIDS					3/12/99	13:45	McFarland	9095	449
Sulfide	ND	mg/kg	5.00	5.00	1	3/16/99	9:15	J.Temple	9030A/9034	1763
Flash Point, Closed Cup	NO FLASH UP TO 200F					3/13/99	13:10	S.Breuer	1010	9572

ND = Not detected at the report limit.

Flash point/ignitability reported to the nearest 10 deg F.

Report Approved By: T. J. Duello Report Date: 3/17/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Russell Morgan, Technical Services

Laboratory Certification Number: 131

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Phone 1-615-726-0177

ANALYTICAL REPORT

Laboratory Number: 99-A42245
Sample ID: #2

Surrogate	% Recovery	Target Range
VOA Surrogate, 1,2-Dichloroethane, d4	121.	60. - 138.
VOA Surrogate, Toluene d8	97.	80. - 123.
VOA Surrogate, 4-Bromofluorobenzene	77.	73. - 122.
surr-Nitrobenzene-d5	62.	15. - 105.
surr-2-Fluorobiphenyl	70.	17. - 110.
surr-Terphenyl d14	84.	10. - 116.
surr-Phenol d5	24.	10. - 100.
surr-2-Fluorophenol	36.	9. - 100.
surr-2,4,6-Tribromophenol	66.	15. - 134.

Report Approved By: T J Duello Report Date: 4/ 2/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Russell Morgan, Technical Services

Laboratory Certification Number: 131

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Phone 1-615-726-0177

ANALYTICAL REPORT

NST ENVIRONMENTAL 7471
STEVE GROTHUS
1640 MARLO AVE.
DAVENPORT, IA 52803

Lab Number: 99-A112258
Sample ID: #2
Sample Type: Soil
Site ID:

Date Collected: 7/27/99
Time Collected: 12:45
Date Received: 7/28/99
Time Received: 9:00

Project: GUARDIAN CLASS
Project Name:
Sampler: JEFF DUFFY

Analyte	Result	Units	Report Limit	Quan Limit	Dil Factor	Date	Time	Analyst	Method	Batch
GENERAL CHEMISTRY PARAMETERS										
Phenolics	ND	mg/kg	0.500	0.500	1	7/30/99	7:45	J.Temple	9065M	4308

ND = Not detected at the report limit.

Report Approved By: T J Duello Report Date: 8/ 3/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Gail A Lage, Technical Services

Laboratory Certification Number: 131

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ANALYTICAL REPORT

NST ENVIRONMENTAL 7471
STEVE GROTHUS
1640 MARLO AVE.
DAVENPORT, IA 52803

Lab Number: 99-A42246
Sample ID: #3
Sample Type: Solid waste
Site ID:

Project: 1,2,3,4
Project Name: GUARDIAN GLASS
Sampler: J. DUFFY

Date Collected: 3/ 9/99
Time Collected: 15:00
Date Received: 3/11/99
Time Received: 9:00

Analyte	Result	Units	Report Limit	Quan Limit	Dil Factor	Date	Time	Analyst	Method	Batch
METALS										
Copper	168000	mg/kg	98.0	1.00	100	3/30/99	12:27	R. Kelley	6010B	8273
Iron	261000	mg/kg	980.	10.0	100	3/30/99	12:27	R. Kelley	6010B	8273

TCLP Results

Analyte	Result	Units	Reg Limit	Matrix Spike Recovery (%)	Date	Time	Analyst	Method
Arsenic	< 0.10	mg/l	5.0	108	3/31/99	8:15	R. Kelley	6010B
Barium	< 1.00	mg/l	100	98	3/31/99	8:15	R. Kelley	6010B
Cadmium	< 0.100	mg/l	1.0	99	3/31/99	8:15	R. Kelley	6010B
Chromium	< 0.50	mg/l	5.0	101	3/31/99	8:15	R. Kelley	6010B
Lead	< 0.50	mg/l	5.0	100	3/31/99	8:15	R. Kelley	6010B
Mercury	< 0.010	mg/l	0.20	104	4/ 2/99	6:58	G.Robinson	7470A
Selenium	< 0.100	mg/l	1.0	110	3/31/99	8:15	R. Kelley	6010B
Silver	< 0.10	mg/l	5.0	102	3/31/99	8:15	R. Kelley	6010B
Benzene	< 0.10	mg/l	0.5	109	3/26/99	18:40	R.Ward	8260
Carbon tetrachloride	< 0.10	mg/l	0.5	101	3/26/99	18:40	R.Ward	8260
Chlorobenzene	< 0.10	mg/l	100	107	3/26/99	18:40	R.Ward	8260
Chloroform	< 0.100	mg/l	6.0	106	3/26/99	18:40	R.Ward	8260
1,2-Dichloroethane	< 0.10	mg/l	0.5	103	3/26/99	18:40	R.Ward	8260
1,1-Dichloroethene	< 0.10	mg/l	0.7	107	3/26/99	18:40	R.Ward	8260
Methylethylketone	< 1.0	mg/l	200	106	3/26/99	18:40	R.Ward	8260
Tetrachloroethene	< 0.10	mg/l	0.7	101	3/26/99	18:40	R.Ward	8260
Trichloroethene	< 0.10	mg/l	0.5	109	3/26/99	18:40	R.Ward	8260
Vinyl Chloride	< 0.10	mg/l	0.2	107	3/26/99	18:40	R.Ward	8260
Cresols	< 0.10	mg/l	200	106	3/31/99	17:50	M.Goodrich	8270
1,4-Dichlorobenzene	< 0.10	mg/l	7.5	52	3/31/99	17:50	M.Goodrich	8270
2,4-Dinitrotoluene	< 0.10	mg/l	0.13	68	3/31/99	17:50	M.Goodrich	8270
Hexachlorobenzene	< 0.10	mg/l	0.13	23	3/31/99	17:50	M.Goodrich	8270
Hexchlor-1,3-butadien	< 0.10	mg/l	0.5	56	3/31/99	17:50	M.Goodrich	8270
Hexachloroethane	< 0.10	mg/l	3.0	54	3/31/99	17:50	M.Goodrich	8270
Nitrobenzene	< 0.10	mg/l	2.0	64	3/31/99	17:50	M.Goodrich	8270
Pentachlorophenol	< 0.10	mg/l	100	62	3/31/99	17:50	M.Goodrich	8270
Pyridine	< 0.10	mg/l	5.0	16	3/31/99	17:50	M.Goodrich	8270

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ANALYTICAL REPORT

Laboratory Number: 99-A42246
Sample ID: #3

TCLP Results

Analyte	Result	Units	Reg Limit	Matrix Spike Recovery (%)	Date	Time	Analyst	Method
2,4,5-Trichlorophenol	< 0.10	mg/l	400	68	3/31/99	17:50	M.Goodrich	8270
2,4,6-Trichlorophenol	< 0.10	mg/l	2.0	68	3/31/99	17:50	M.Goodrich	8270
TCLP Extraction	Completed				3/25/99	16:00	Schweikert	1311
Zero Headspace Extraction	Completed				3/25/99	16:00	Schweikert	1311

ND = Not detected at the report limit.

TCLP prepartion follows method 1311, SW-846 Revision 3.

Surrogate	% Recovery	Target Range
VOA Surrogate, 1,2-Dichloroethane, d4	132.	60. - 138.
VOA Surrogate, Toluene d8	101.	80. - 123.
VOA Surrogate, 4-Bromofluorobenzene	82.	73. - 122.
surr-Nitrobenzene-d5	64.	15. - 105.
surr-2-Fluorobiphenyl	66.	17. - 110.
surr-Terphenyl d14	78.	10. - 116.
surr-Pheaol d5	26.	10. - 100.
surr-2-Fluorophenol	36.	9. - 100.
surr-2,4,6-Tribromophenol	66.	15. - 134.

Report Approved By: T.J. Duello Report Date: 4/ 2/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Russell Morgan, Technical Services

Laboratory Certification Number: 131

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ANALYTICAL REPORT

NST ENVIRONMENTAL 7471
STEVE GROTHUS
1640 MARLO AVE.
DAVENPORT, IA 52803

Project: GUARDIAN CLASS
Project Name:
Sampler: JEFF DUFFY

Lab Number: 99-A112259
Sample ID: #3
Sample Type: Soil
Site ID:

Date Collected: 7/27/99
Time Collected: 12:34
Date Received: 7/28/99
Time Received: 9:00

Analyte	Result	Units	Report Limit	Quan Limit	Dil Factor	Date	Time	Analyst	Method	Batch
GENERAL CHEMISTRY PARAMETERS										
Phenolics	ND	mg/kg	0.500	0.500	1	7/30/99	7:45	J.Temple	9065M	4308

ND = Not detected at the report limit.

Report Approved By: T J Duello Report Date: 8/ 3/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Gail A Lage, Technical Services

Laboratory Certification Number: 131

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ANALYTICAL REPORT

NST ENVIRONMENTAL 7471

1640 MARLO AVE.
DAVENPORT, IA 52803

Project: 1,2,3,4
Project Name: GUARDIAN GLASS
Sampler: J. DUFFY

Lab Number: 99-A34093
Sample ID: #3
Sample Type: Solid waste
Site ID:

Date Collected: 3/ 9/99
Time Collected: 15:00
Date Received: 3/11/99
Time Received: 9:00

Analyte	Result	Units	Report Limit	Quan Limit	Dil Factor	Date	Time	Analyst	Method	Batch
GENERAL CHEMISTRY PARAMETERS										
pH	5.20	units			1	3/11/99	16:08	Schweikert	9045	9630
Cyanide	ND	mg/kg	2.00	2.00	1	3/15/99	8:15	J.Temple	9012A	1193
Paint Filter Test	NO FREE LIQUIDS					3/12/99	13:45	McFarland	9095	449
Sulfide	ND	mg/kg	5.00	5.00	1	3/16/99	9:15	J.Temple	9030A/9034	1763
Flash Point, Closed Cup	NO FLASH UP TO 200F					3/13/99	13:10	S.Breuer	1010	9572

ND = Not detected at the report limit.

Flash point/ignitability reported to the nearest 10 deg F.

Report Approved By: T J Duello Report Date: 3/17/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Russell Morgan, Technical Services

Laboratory Certification Number: 131

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Phone 1-615-726-0177

ANALYTICAL REPORT

NST ENVIRONMENTAL 7471
STEVE GROTHUS
1640 MARLO AVE.
DAVENPORT, IA 52803

Lab Number: 99-A42247
Sample ID: #4
Sample Type: Solid waste
Site ID:

Date Collected: 3/ 9/99
Time Collected: 15:15
Date Received: 3/11/99
Time Received: 9:00

Project: 1,2,3,4
Project Name: GUARDIAN GLASS
Sampler: J. DUFFY

TCLP Results

Analyte	Result	Units	Reg Limit	Matrix Spike Recovery (%)	Date	Time	Analyst	Method
Arsenic	< 0.10	mg/l	5.0	108	3/31/99	8:15	R. Kelley	6010B
Barium	< 1.00	mg/l	100	98	3/31/99	8:15	R. Kelley	6010B
Cadmium	< 0.100	mg/l	1.0	99	3/31/99	8:15	R. Kelley	6010B
Chromium	< 0.50	mg/l	5.0	101	3/31/99	8:15	R. Kelley	6010B
Lead	< 0.50	mg/l	5.0	100	3/31/99	8:15	R. Kelley	6010B
Mercury	< 0.010	mg/l	0.20	104	4/ 2/99	6:58	G.Robinson	7470A
Selenium	< 0.100	mg/l	1.0	110	3/31/99	8:15	R. Kelley	6010B
Silver	< 0.10	mg/l	5.0	102	3/31/99	8:15	R. Kelley	6010B
Benzene	< 0.10	mg/l	0.5	128	3/26/99	18:40	R.Ward	8260
Carbon tetrachloride	< 0.10	mg/l	0.5	103	3/26/99	18:40	R.Ward	8260
Chlorobenzene	< 0.10	mg/l	100	96	3/26/99	18:40	R.Ward	8260
Chloroform	< 0.100	mg/l	6.0	101	3/26/99	18:40	R.Ward	8260
1,2-Dichloroethane	< 0.10	mg/l	0.5	96	3/26/99	18:40	R.Ward	8260
1,1-Dichloroethene	< 0.10	mg/l	0.7	107	3/26/99	18:40	R.Ward	8260
Methylethylketone	< 1.0	mg/l	200	113	3/26/99	18:40	R.Ward	8260
Tetrachloroethene	< 0.10	mg/l	0.7	92	3/26/99	18:40	R.Ward	8260
Trichloroethene	< 0.10	mg/l	0.5	103	3/26/99	18:40	R.Ward	8260
Vinyl Chloride	< 0.10	mg/l	0.2	103	3/26/99	18:40	R.Ward	8260
Cresols	< 0.10	mg/l	200	110	3/31/99	17:50	M.Goodrich	8270
1,4-Dichlorobenzene	< 0.10	mg/l	7.5	54	3/31/99	17:50	M.Goodrich	8270
2,4-Dinitrotoluene	< 0.10	mg/l	0.13	68	3/31/99	17:50	M.Goodrich	8270
Hexachlorobenzene	< 0.10	mg/l	0.13	24	3/31/99	17:50	M.Goodrich	8270
Hexchlor-1,3-butadien	< 0.10	mg/l	0.5	56	3/31/99	17:50	M.Goodrich	8270
Hexachloroethane	< 0.10	mg/l	3.0	56	3/31/99	17:50	M.Goodrich	8270
Nitrobenzene	< 0.10	mg/l	2.0	66	3/31/99	17:50	M.Goodrich	8270
Pentachlorophenol	< 0.10	mg/l	100	62	3/31/99	17:50	M.Goodrich	8270
Pyridine	< 0.10	mg/l	5.0	10	3/31/99	17:50	M.Goodrich	8270
2,4,5-Trichlorophenol	< 0.10	mg/l	400	68	3/31/99	17:50	M.Goodrich	8270
2,4,6-Trichlorophenol	< 0.10	mg/l	2.0	69	3/31/99	17:50	M.Goodrich	8270
TCLP Extraction	Completed				3/25/99	16:00	Schweikert	1311
Zero Headspace Extraction	Completed				3/25/99	16:00	Schweikert	1311

'D = Not detected at the report limit.

TCLP preparation follows method 1311, SW-846 Revision 3.

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2960 Foster Creighton Dr.
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Nashville, TN 37204-0566
Phone 1-615-726-0177

ANALYTICAL REPORT

Laboratory Number: 99-A42247
Sample ID: #4

Surrogate	% Recovery	Target Range
VOA Surrogate, 1,2-Dichloroethane, d4	128.	60. - 138.
VOA Surrogate, Toluene d8	100.	80. - 123.
VOA Surrogate, 4-Bromofluorobenzene	88.	73. - 122.
surr-Nitrobenzene-d5	50.	15. - 105.
surr-2-Fluorobiphenyl	54.	17. - 110.
surr-Terphenyl d14	76.	10. - 116.
surr-Phenol d5	12.	10. - 100.
surr-2-Fluorophenol	24.	9. - 100.
surr-2,4,6-Tribromophenol	51.	15. - 134.

Report Approved By: T J Duello Report Date: 4/ 2/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Russell Morgan, Technical Services

Laboratory Certification Number: 131

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Nashville, TN 37204-0566
Phone 1-615-726-0177

ANALYTICAL REPORT

NST ENVIRONMENTAL 7471

1640 MARLO AVE.
DAVENPORT, IA 52803

Project: 1,2,3,4
Project Name: GUARDIAN GLASS
Sampler: J. DUFFY

Lab Number: 99-A34094
Sample ID: #4
Sample Type: Solid waste
Site ID:

Date Collected: 3/ 9/99
Time Collected: 15:15
Date Received: 3/11/99
Time Received: 9:00

Analyte	Result	Units	Report Limit	Quan Limit	Dil Factor	Date	Time	Analyst	Method	Batch
GENERAL CHEMISTRY PARAMETERS										
pH	5.20	units			1	3/11/99	16:08	Schweikert	9045	9630
Cyanide	ND	mg/kg	2.00	2.00	1	3/15/99	8:15	J.Temple	9012A	1193
Paint Filter Test	NO FREE LIQUIDS					3/12/99	13:45	McFarland	9095	449
Sulfide	10.0	mg/kg	5.00	5.00	1	3/16/99	9:15	J.Temple	9030A/9034	1763
Flash Point, Closed Cup	NO FLASH UP TO 200F entered					3/13/99	13:10	S.Brewer Calculated	1010	9572

ND = Not detected at the report limit.

Flash point/ignitability reported to the nearest 10 deg F.

Report Approved By: _____ Report Date: 3/17/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Russell Morgan, Technical Services

Laboratory Certification Number: 131

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P.O. Box 40566
Nashville, TN 37204-0566
Phone 1-615-726-0177

ANALYTICAL REPORT

NST ENVIRONMENTAL 7471
STEVE GROTHUS
1640 MARLO AVE.
DAVENPORT, IA 52803

Project: GUARDIAN CLASS
Project Name:
Sampler: JEFF DUFFY

Lab Number: 99-A112260
Sample ID: #4
Sample Type: Soil
Site ID:

Date Collected: 7/27/99
Time Collected: 13:10
Date Received: 7/28/99
Time Received: 9:00

Analyte	Result	Units	Report Limit	Quan Limit	Dil Factor	Date	Time	Analyst	Method	Batch
GENERAL CHEMISTRY PARAMETERS										
Phenolics	ND	mg/kg	0.500	0.500	1	7/30/99	7:45	J.Temple	9065M	4308

ND = Not detected at the report limit.

Report Approved By: _____ Report Date: 8/ 3/99

Theodore J. Duello, Ph.D., Lab Director
Michael H. Dunn, M.S., Technical Director
Johnny A. Mitchell, Dir. Technical Services
Eric Smith, Assistant Technical Director
Gail A Lage, Technical Services

Laboratory Certification Number: 131

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ATTACHMENT 10

HAZARDOUS WASTE MANIFESTS AND LAND DISPOSAL RESTRICTION NOTICES

(10 Pages)

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

5-047-01

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 6-89)** Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IAR000008888 Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address Location If Different
GUARDIAN INDUSTRIES CORP
300 SOUTH 5TH AVE EAST
DE WITT IA 52742

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 319 659-4008

A. Illinois Manifest Document Number IL 09938770 FEE PAID IF APPLICABLE

B. Generator's IL ID Number 9190019999

5. Transporter 1 Company Name SAFETY-KLEEN SYSTEMS, INC

6. US EPA ID Number SCR000075150

C. Transporter's ID Number UPW151288IL

D. Transporter's Phone (800) 669-5840

7. Transporter 2 Company Name

8. US EPA ID Number

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address 000654
SAFETY-KLEEN SYSTEMS, INC.
633 E 138TH ST
DOLTON, IL 60419

10. US EPA ID Number ILD980613913

G. Facility's IL ID Number 0310690006

H. Facility's Phone (708) 225-8100

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, SOLID, N.O.S. (CONTAINS LEAD, XYLENE) 9 NA3077 PG III (ERG#171) rags from mirror line with lead paint	003	DM	00110	G	EPA HW Number D008
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14
H041

15. Special Handling Instructions and Additional Information
MFST R/T#102012280 0002-2154-92
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 8622 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Mark Zinger Signature Mark Zinger Date Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Benjamin R. Moore Signature Benjamin R. Moore Date Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Date Month Day Year

19. Discrepancy Indication Space
Attachment 10 Page 1 of 10

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name [illegible] Signature [illegible] Date Month Day Year 040402

313507

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

A)2004541/2260702

COPY 1. TSD MAIL TO GENERATOR

STATE OF ILLINOIS — ENVIRONMENTAL PROTECTION AGENCY/ DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

5-047-01 State Form LPC 62 8/81 IL532-0610

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 6-89)** Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IAR000006668 | Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

GENERATOR

3. Generator's Name and Mailing Address / Location If Different
GUARDIAN INDUSTRIES CORP
300 SOUTH 5TH AVE EAST
DE WITT IA 52742

A. Illinois Manifest Document Number IL 09938770 FEE PAID IF APPLICABLE

B. Generator's IL ID Number 9190019999

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 319 659-4008

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150

C. Transporter's ID Number UPW1512881L

D. Transporter's Phone (800) 669-5840

7. Transporter 2 Company Name
8. US EPA ID Number

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address 000654
SAFETY-KLEEN SYSTEMS, INC.
633 E 138TH ST
DOLTON, IL 60419
10. US EPA ID Number: ILD980613913

G. Facility's IL ID Number 0310690006

H. Facility's Phone (708) 225-8100

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, SOLID, N.O.S. (CONTAINS LEAD, XYLENE) 9 NA3077 PG III (ERG#171) Rags with lead paint at the mirroring	002	DM	00110	G	EPA HW Number D008
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14

15. Special Handling Instructions and Additional Information
MFST #/T#102012280 0002-2154-92
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP, AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 8622 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name | Signature | Date (Month Day Year)

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date (Month Day Year)

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Date (Month Day Year)

FACILITY

19. Discrepancy Indication Space
Attachment 10 Page 2 of 10

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name | Signature | Date (Month Day Year)

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A)2004541/2260702

COPY 6. GENERATOR'S COPY

In case of a spill call the Illinois Office of Emergency Response at 217/782-7860 and the National Response Center at 800/424-8802 or 202/426-2675.

81363-R4747 SAFETY-KLEEN CORP. PAGE 1 OF 1
LDR NOTIFICATION FORM

GENERATOR NAME: GUARDIAN INDUSTRIES CORP MANIFEST NO.
MANIFEST PAGE/LINE#

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY)
D008

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION:

LEGEND NUMBER	CONSTITUENT
154	ETHYL BENZENE
231	TOLUENE
245	XYLENES-MIXED ISOMERS (SUM OF O-, M-, AND P-XYLENE CONCENTRATIONS)

Mark Zinger | Mark Zinger Env. Coor. | 03/28/02

GENERATOR'S AUTHORIZED SIGNATURE | NAME & TITLE (PRINTED OR TYPED) | DATE

S-K PROFILE REFERENCE NUMBER: 2260702 CONTROL NUMBER: 2004541-6

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12-pitch) typewriter.) **EPA Form 8700-22 (Rev. 6-89)** Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IAR000016668 Manifest Document No. ~~25335~~ 39088

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address Location If Different
Guardian Industries Corp
300 SOUTH 5th AVE EAST
DEWITT, IOWA 52742

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 319-659-4008

A. Illinois Manifest Document Number IL 9897306 FEE PAID IF APPLICABLE

B. Generator's IL ID Number 9119010019999

5. Transporter 1 Company Name: Safety-Kleen Systems, Inc
6. US EPA ID Number: SCR000075150

C. Transporter's ID Number UPW151288IL

D. Transporter's Phone (800) 669-5840

7. Transporter 2 Company Name
8. US EPA ID Number

E. Transporter's ID Number

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address 000654
Safety-Kleen Systems, INC
633 E 138th ST
DOLTON IL 60419

10. US EPA ID Number: ILD980613913

G. Facility's IL ID Number 0311060006

H. Facility's Phone (768) 225-8100

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Hazardous Waste, Solid, N.O.S (Lead, Cadmium) 9 NA3077 PGIII (ERG #171)	001	DM	00055	G	EPA HW Number
b. Vags from the tempering line					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14: H061

101828338

15. Special Handling Instructions and Additional Information MFST R/T # ~~101429834~~ 0003-2154-92
Emergency Response 800-468-1760 (24HR) IF undeliverable Return to Generator
SK Corp Authorized to Retain Licensed Subsequent Carriers As Necessary
SKDOT # A: 24393 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name	Signature	Date Month Day Year
Mark Zinger	Mark Zinger	020702

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year
Benjamin R Moore	Benjamin R Moore	020702

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date Month Day Year

FACILITY

19. Discrepancy Indication Space

Attachment 10 Page 4 of 10

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date Month Day Year
Amelie Brezke	Amelie Brezke	021502

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

39088

75693

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

5-047-01 State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IAR 000006668
Manifest Document No.: 36234
2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

A. Illinois Manifest Document Number: IL 9144121 FEE PAID IF APPLICABLE

3. Generator's Name and Mailing Address / Location if Different
GUARDIAN INDUSTRIES CORP
300 SOUTH 5TH AVE EAST
DE WITT IA 52742

B. Generator's IL ID Number: 9190019999

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS 319 659-4008

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR 000075150

C. Transporter's ID Number: UPW151288IL
D. Transporter's Phone: 800 669-5840

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.
8. US EPA ID Number: SCR 000074591

E. Transporter's ID Number: UPW2039540H
F. Transporter's Phone: 708 849 9420

9. Designated Facility Name and Site Address: 000654
SAFETY-KLEEN SYSTEMS, INC.
633 E 138TH ST
DOLTON, IL 60419
10. US EPA ID Number: ILD 980613913

G. Facility's IL ID Number: 0310690006
H. Facility's Phone: 708 225-8100

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE, SOLID, N.O.S. (LEAD, CADMIUM) 9 NA3077 PG III (ERG#171) rags from temple line	001	DM	00055	G	EPA HW Number D008 D006
b.					EPA HW Number
c.					EPA HW Number
d.					EPA HW Number

J. Additional Description for Materials Listed Above

K. Handling Codes for Wastes Listed Above In Item #14: M061

15. Special Handling Instructions and Additional Information
MFST R/T#099492165 0002-2154-92
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 24393 B: C: D:

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name: Mark R. Zinger Signature: Mark Zinger Date (Month Day Year): 090100

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: KEVIN MARPLE Signature: [signature] Date (Month Day Year): 090100

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Frank Ontkiewicz Signature: [signature] Date (Month Day Year): 090500

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: PAMELLE BREETZKE Signature: Pamelle Breetzke Date (Month Day Year): 090800

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed $25,000 per day of violation. Falsification of this information may result in a fine up to $50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1 - TSD MAIL TO GENERATOR

A) 20425507220082 9

Attachment 10 Page 5 of 10

81363-R4747

SAFETY-KLEEN CORP.
LDR NOTIFICATION FORM

36234

GENERATOR NAME: GUARDIAN INDUSTRIES CORP

MANIFEST NO. IL9144121
MANIFEST PAGE/LINE#

PURSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS WASTE RESTRICETED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

EPA WASTE CODES & LDR SUBCATEGORIES (IF ANY)
D008 D006

TREATABILITY GROUP: NONWASTEWATERS

WASTE CONSTITUENT NOTIFICATION:

LEGEND NUMBER	CONSTITUENT
260	SILVER

B. HAZARDOUS DEBRIS NOTIFICATION

THIS HAZARDOUS DEBRIS IS SUBJECT TO THE ALTERNATIVE TREATMENT STANDARDS OF 40 CFR SEC. 268.45.
THE WASTE CONTAINS THE FOLLOWING CONTAMINANTS SUBJECT TO TREATMENT:
* TOXICITY CHARACTERISTIC DEBRIS

GENERATOR'S AUTHORIZED SIGNATURE | NAME & TITLE (PRINTED OR TYPED) | DATE ___/___/___

S-K PROFILE REFERENCE NUMBER: 2260827 CONTROL NUMBER: 2042550-2

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

P.O. BOX 19276 SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

5-047-01

State Form LPC 62 8/81 IL532-0610

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.) EPA Form 8700-22 (Rev. 6-89) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. IAR 000006668

Manifest Document No. 23275

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address / Location if Different
GUARDIAN INDUSTRIES CORP
300 SOUTH 5TH AVE EAST
DE WITT IA 52742

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS 319 659-4008

A. Illinois Manifest Document Number IL 9141396 FEE PAID IF APPLICABLE

B. Generator's IL ID Number 9190019999

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC

6. US EPA ID Number: ~~SCR 000075150~~ ILD 98[illegible]

C. Transporter's ID Number UPW151288IL

D. Transporter's Phone 319 386-3024

7. Transporter 2 Company Name: SAFETY-KLEEN (TG), INC.

8. US EPA ID Number: SCR 000074591

E. Transporter's ID Number UPW2039540H

F. Transporter's Phone 708 225 9100

9. Designated Facility Name and Site Address 000654
SAFETY-KLEEN SYSTEMS, INC.
633 E 138TH ST
DOLTON, IL 60419

10. US EPA ID Number: ILD 980613913

G. Facility's IL ID Number 0310690006

H. Facility's Phone 708 225-8100

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE PAINT RELATED MATERIAL 3 UN1263 PG III (ERG#127)	002	DM	00110	G	D001 D005
b. HAZARDOUS WASTE, SOLID, N.O.S. (CONTAINS LEAD, XYLENE) 9 NA3077 PG III (ERG#171) rags from mirror line	003	DM	00165	G	D008
c. WASTE FLAMMABLE LIQUIDS, N.O.S. (XYLENE, ETHYLBENZENE) 3 UN1993 PG III (ERG#128) xylene that can't be reused ~~[illegible] paint~~	002	DM	00110	G	F003 D001
d. RQ WASTE PAINT RELATED MATERIAL 3 UN1263 PG III (D001)(ERG#127)	006	DM	00336	G	D001 D008

J. Additional Description for Materials Listed Above
IA) D008 IC) D005 D008

K. Handling Codes for Wastes Listed Above in Item #14
A M061 C M061
B M061 D M061

15. Special Handling Instructions and Additional Information
MFST R/T# 98968149 0002-2154-92
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVERABLE RETURN TO GENERATOR.
SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY.
SKDOT# A: 23636 B: 8622 C: 21321 D: 1152

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Printed/Typed Name: Curtis Cooley | Signature: [signature] | Date (Month Day Year): 05 10 00

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: KEVIN MARPLE | Signature: [signature] | Date (Month Day Year): 05 10 00

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: [signature] | Signature: [signature] | Date (Month Day Year): 05 15 00

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: ROMELLE BREETZKE | Signature: [signature] | Date (Month Day Year): 05 15 00

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COPY 1 TSD MAIL TO GENERATOR

A) 2004605/2260703 B) 2004541/2260702

C) 005F3324 D) 7026 CJ001 A) 3327

5-047-01

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039 Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IAR000006668
Manifest Document No.: 61839
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
GUARDIAN INDUSTRIES CORP
300 SOUTH 5TH AVE EAST
DE WITT IA 52742
4. Generator's Phone (319) 659-4008

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
C. State Transporter's ID
D. Transporter's Phone: 563 386-3024

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address 504701
SAFETY-KLEEN SYSTEMS, INC
3035 WEST 73RD STREET
DAVENPORT, IA 52806
10. US EPA ID Number: IAD098027592
G. State Facility's ID
H. Facility's Phone: 563 386-3024

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII (ERG#128) 6.7LBS/GAL (D039)	X	3	DM	73	G	D039
b.	~~UNIVERSAL WASTE ELECTRIC LAMPS (NOT USDOT REGULATED)~~			CF		P	NONE
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF UNDELIVERABLE, RETURN TO GENERATOR. FOR RECYCLE
EMERGENCY RESPONSE#800-468-1760 24HR.
0151 101524879 0019561839 0002215492 19

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR,** if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

GENERATOR — Printed/Typed Name: Mark Zinger — Signature: Mark Zinger — Date: Month 12 Day 19 Year 01

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials — Printed/Typed Name: MICHAEL J DELAROSA II — Signature: Michael J DeLaRosa II — Date: Month 12 Day 19 Year 01

18. Transporter 2 Acknowledgement of Receipt of Materials — Printed/Typed Name — Signature — Date: Month Day Year

FACILITY

19. Discrepancy Indication Space
Attachment 10 Page 8 of 10

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Nancy Miller — Signature: Nancy Miller — Date: Month 12 Day 20 Year 01

EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

SAFETY-KLEEN CORP.

A 717 B 11112 C D

ORIGINAL - RETURN TO GENERATOR

90290 (Rev 11/98) 6

54474-R5732 SAFETY-KLEEN 11/24/01 PAGE:
OCATION: 504701 LDR NOTIFICATION FORM 09:09:44

ENERATOR NAME: GUARDIAN INDUSTRIES CORP MANIFEST NO.: 61839
OR SALES SERVICE NO.: 19561839

CUST#: 0002-2154-92

URSUANT TO 40 CFR 268.7(A), I HEREBY NOTIFY THAT THIS SHIPMENT CONTAINS
ASTE RESTRICTED UNDER 40 CFR PART 268 LAND DISPOSAL RESTRICTIONS (LDR).

A. GENERAL WASTE NOTIFICATION

DR FORM LINE NO.: 1 MANIFEST PAGE/LINE# 01A SK PROFILE NO.: 0000
SKDOT#: 0000717

PA WASTE CODES & LDR SUBCATEGORIES (IF ANY):
D039

REATABILITY GROUP: NONWASTEWATERS

ASTE CONSITITUENT NOTIFICATION:
100 O-CRESOL
229 TETRACHLOROETHYLENE
237 TRICHLOROETHYLENE
250 CADMIUM
255 LEAD
257 MERCURY - ALL OTHERS
260 SILVER

Attachment 10 Page 9 of 10

N O T E S

XP NOTICE: THIS LDR EXPIRES ON 12/31/2001.

Mark Zinee 12/19/01
ENERATOR'S AUTHORIZED SIGNATURE — NAME & TITLE (PRINTED OR TYPED) — DATE

EQ#: 7071 LOC: 504701 TERR: 19 REF#: 19561839 SW: 0151

TOP COPY: GENERATOR MIDDLE COPY: FACILITY BOTTOM COPY: TRANSFE

5-047-01

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039 Expires 3-31-02

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: IAR000006668
Manifest Document No.: 17357
2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
GUARDIAN INDUSTRIES CORP
300 SOUTH 5TH AVE EAST
DE WITT IA 52742
4. Generator's Phone (319) 659-4008

A. State Manifest Document Number
B. State Generator's ID

5. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC
6. US EPA ID Number: SCR000075150
C. State Transporter's ID
D. Transporter's Phone: 563 386-3024

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address 504701
SAFETY-KLEEN SYSTEMS, INC
3035 WEST 73RD STREET
DAVENPORT, IA 52806
10. US EPA ID Number: IAD098027592
G. State Facility's ID
H. Facility's Phone: 563 386-3024

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	HM	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	WASTE COMBUSTIBLE LIQUID, N.O.S. parts washer solvent (PETROLEUM NAPHTHA)NA1993 PGIII (ERG#128) 6.7LBS/GAL (D039)	X	003	DM	00075	G	D039
b.	UNIVERSAL WASTE ELECTRIC LAMPS (NOT USDOT REGULATED)		000	CF	00000	P	NONE
c.							
d.							

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
IF UNDELIVERABLE, RETURN TO GENERATOR. FOR RECYCLE
EMERGENCY RESPONSE#800-468-1760 24HR.
0207 101756562 0020017357 0002215492 19

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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GENERATOR

Printed/Typed Name: Mark Zinger
Signature: Mark Zinger
Date: Month 03 Day 07 Year 02

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Benjamin R. Moore
Signature: Benjamin R Moore
Date: Month 03 Day 07 Year 02

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name:
Signature:
Date: Month Day Year

FACILITY

19. Discrepancy Indication Space
Attachment 10 Page 10 of 10

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Troy M. Tumey
Signature: Troy M. Tumey
Date: Month 02 Day 08 Year 02

EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

A 717 B 11112 C D

SAFETY-KLEEN CORP.

90290 (Rev 12/99) 6

ORIGINAL - RETURN TO GENERATOR

ATTACHMENT 11

EPA MEMORANDUM

(Two Pages)

FAXBACK 12745

PPC 9444.1986(19)
REINTERPRETATION OF THE F006 LISTING

SEP 25 1986

MEMORANDUM

SUBJECT: Repromulgation of F006 Hazardous Waste Category

FROM: J. Winston Porter
Assistant Administrator for Solid Waste and
Emergency Response

TO Valdas V. Adamkus
Regional Administrator

Thank you for your August 18, 1986 memorandum regarding the repromulgation of the F006 hazardous waste category.

After a briefing with the staff from the Office of Solid Waste, Office of General Counsel, and the Office of Waste Programs Enforcement (OWPE), I decided to re-interpret the F006 listing to only include those processes that can be implicated, either directly or indirectly, in the language of the listing. During this briefing, I was presented with five options which are described in the attached material. I selected option three because it provides a sound legal argument and is cost effective--it saves resources. Realizing that option three may create problems with existing enforcement actions involving F006 wastes, I have requested OWPE to develop guidance which you should find helpful. In addition, we expect to re-visit the scope of the F--6 listing as part of our relisting effort.

The details of the decision are as follows: the F006 listing would include wastewater treatment sludges from the following processes: (1) common and precious metals electroplating, (2) anodizing (3) chemical etching and milling and (4) cleaning and shipping associated with common and precious metal electroplating. The following processes are not included under the F006 listing: (1) chemical conversion coating, (2) electroless plating, (3) printed circuit board manufacturing and (4) the six processes explicitly excluded from F006. Let me elaborate two fine points regarding the processes that are not listed. First, wastewater treatment sludges from the chemical conversion coating of aluminum are listed as EPA hazardous waste No. F019. Second, wastewater treatment sludges from printed circuit board manufacturing operations that include processes which are within the scope of the listing

(i.e. chemical etching) are listed as EPA hazardous waste No. F006.

-2-

We have drafted a Federal Register notice which presents our re-interpretation of the F006 listing. This notice has been forwarded to the Regions for comment. In addition, a meeting was held with the Regions in Atlanta on September 16, 1986 to discuss our approach.

I hope this memorandum and the attached briefing material explains how I made my decision and how I plan to proceed. If I can be of further assistance, please let me know.

Attachment

ATTACHMENT 12

PHOTOGRAPHS

(Four Pages)

GUARDIAN INDUSTRIES CORPORATION

TETRA TECH Direction: North	DESCRIPTION	This photograph shows boxes used for storage of waste fluorescent light bulbs. Several of the boxes were not marked to identify their contents.			1
	FACILITY	Guardian Industries Corporation	PHOTOGRAPHER	Dean Williams	7/10/02

GUARDIAN INDUSTRIES CORPORATION

TETRA TECH Direction: Southwest	DESCRIPTION	This photograph shows a hazardous waste container at the less-than-180-day hazardous waste storage area that was not marked with an accumulation start date. The container was used for storage of rags contaminated with lead- and cadmium-based logo paint.			**2**
	FACILITY	Guardian Industries Corporation	PHOTOGRAPHER	Dean Williams	7/10/02

GUARDIAN INDUSTRIES CORPORATION

TETRA TECH Direction:Southeast	DESCRIPTION	This photograph shows a hazardous waste container at the less-than-180-day hazardous waste storage area that was not marked with the accumulation start date. The container was used for storage of waste mirror paint.			**3**
	FACILITY	Guardian Industries Corporation	PHOTOGRAPHER	Dean Williams	7/10/02

GUARDIAN INDUSTRIES CORPORATION

TETRA TECH Direction:Southwest	DESCRIPTION	This photograph shows the less-than-180-day hazardous waste storage area.			**4**
	FACILITY	Guardian Industries Corporation	PHOTOGRAPHER	Dean Williams	7/10/02